

DEPARTMENT OF DEFENSE  
HEADQUARTERS UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND  
2500 GREEN BAY ROAD, NORTH CHICAGO, ILLINOIS 60064-3094

USMEPCOM Regulation  
No. 40-8

16 July 1991

**Medical Services**  
**HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND DEPARTMENT OF DEFENSE (DOD)**  
**PREACCESSION DRUG AND ALCOHOL TESTING (DAT) PROGRAM**

**Summary.** This regulation prescribes policies and procedures for conducting HIV and DAT in the Military Entrance Processing Stations (MEPS). Changes have been made throughout the regulation. All United States Military Entrance Processing Command (USMEPCOM) forms previously used in the superseded regulations have been revised. This regulation establishes a new form, USMEPCOM Form 40-8-5-R (Urine Sample Custody Document Statement of Correction). All references to the Standard Form 88 (Report of Medical Examination) and Standard Form 93 (Report of Medical History) refer to the USMEPCOM overprinted versions.

**Applicability.** This regulation applies to all activities of the United States Military Entrance Processing Command (USMEPCOM).

**Impact on New Manning System.** This regulation does not contain information that affects the New Manning System.

**Supplementation.** Supplementation of this regulation and establishment of forms, other than USMEPCOM forms, are prohibited without prior approval from Headquarters, United States Military Entrance Processing Command (HQ USMEPCOM) ATTN: MEPCOPT-O-E, 2500 Green Bay Road, North Chicago, IL 60064-3094.

**Interim changes.** Interim changes to this regulation are not official unless they are authenticated by HQ USMEPCOM, Director, Personnel and Administration Directorate. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

**Suggested improvements.** The proponent agency of this regulation is HQ USMEPCOM. Users are invited to send comments and suggested improvements on Department of the Army (DA) Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQ USMEPCOM, ATTN: MEPCOPT-O-E, 2500 Green Bay Road, North Chicago, IL 60064-3094.

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\*This regulation supersedes USMEPCOM Reg 40-5, 1 July 1987, and USMEPCOM Reg 40-8, 15 April 1988.

**Internal control system.** This regulation is subject to the requirements of Army Regulation (AR) 11-2. It contains internal control provisions. Appendix C contains checklists for conducting internal control reviews for DAT. Appendix D contains checklists for conducting internal control reviews for HIV testing.

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## **Chapter 1**

### **General**

#### **Section I**

##### **General**

##### **1-1. Purpose**

This regulation establishes policies, procedures, and responsibilities for conducting DAT and HIV testing at the MEPS.

##### **1-2. References**

Required and related publications and prescribed forms are at appendix A.

##### **1-3. Explanation of terms**

Abbreviations and special terms used in this regulation are explained in the glossary.

##### **1-4. Responsibilities**

a. Headquarters directorates and special staff offices keep informed of procedures and policy affecting these programs and coordinate all actions through the Operations, Plans, and Training Directorate.

b. The Command Judge Advocate reviews requests for the release of DAT and HIV results and other information to State and local authorities.

c. The Resource Management Directorate represents the command in all contractual matters.

d. The Public Affairs Officer acts as command spokesperson for all media requests and support dealing with DAT and HIV data, statistics, commander or applicant interviews, and photography.

e. Sector headquarters monitor MEPS programs for compliance with this regulation. Sectors submit USMEPCOM Form 190-1-R (Serious Incident and Significant Activities Information) as outlined in USMEPCOM Reg 190-1.

f. The MEPS conduct DAT and HIV testing, . notify applicants of positive test results, notify the recruiting Services of all results, and submit HIV situation reports (SITREPs) as prescribed in this regulation.

#### **Section II**

##### **Policy**

##### **1-5. Policy for DAT**

The Secretary of Defense has approved the Department of Defense (DOD) Preaccession Drug and Chemical and Alcohol Use and Dependency Testing policy required by Title 10, United States Code, Section 978. Title 10



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requires that all applicants for the Armed Forces undergo testing for drug, chemical and alcohol use and dependency. The appropriate Service Secretary will determine whether all testing for that Service will be conducted at the MEPS or at the basic training centers. Persons required to test at the MEPS but who refuse such tests will not be accepted for enlistment or appointment in the Armed Forces. Persons determined to be positive for drugs, chemicals, or alcohol will be denied entrance into the Armed Forces and shall be referred to a civilian treatment facility. This Congressionally mandated testing also applies to the Coast Guard and requires those applicants to comply with DOD and Department of Transportation joint policy.

a. The Secretary of the Navy and the Secretary of Transportation have exercised their options to conduct testing for all Marine Corps and Coast Guard enlistees at the training centers. No testing for either Service will be conducted at the MEPS.

b. The Secretary of the Navy also exercised the option of conducting testing for most Navy applicants at the training centers. Navy applicants to be tested at the MEPS include applicants for special education programs and special category applicants such as nuclear warfare, etc.

#### **1-6. Policy for HIV testing**

The presence of the HIV antibody suggests past exposure to the virus which causes Acquired Immune Deficiency Syndrome (AIDS). This virus attacks the immune system and damages the ability to fight other diseases. Without a functioning immune system, the person becomes vulnerable to malignancies, bacteria, and other viruses which may cause life-threatening illness. To protect the health of military personnel, the Secretary of Defense directed that all potential military accessions be screened for HIV using a Food and Drug Administration-approved Enzyme-Linked Immunosorbent Assay (ELISA) and immunoelectrophoresis (Western Blot) tests. This testing will be accomplished during the initial medical examination at the MEPS. Persons refusing such tests will not be accepted for enlistment or appointment in the Armed Forces. Persons with serologic evidence of HIV infection are not eligible for appointment or enlistment for military service for the following reasons:

a. The condition existed prior to enlistment.

b. Clinical evidence shows some may suffer adverse or potentially life threatening reactions to live virus immunizations given at basic training

c. Persons testing positive are not able to participate in battlefield blood donor activities or other blood donation programs.

d. There is no way to differentiate between persons who will progress to clinical disease and those who will remain healthy.

e. The DOD avoids potential medical costs and the possibility that persons could not complete their Service commitments.

#### **1-7. Timing of testing**

a. Enlisted applicants for military service shall be tested for drug and alcohol use during their preenlistment medical examinations if testing is required at the MEPS. Officer candidates shall be tested during their precontracting or preappointment medical examinations, whichever occurs earlier.

b. Applicants for enlisted military service shall be tested for HIV during their preenlistment medical examinations. Applicants for officer service shall be tested during their precontracting or preappointment medical examinations, whichever occurs earlier.

#### **1-8. Accepting results from other sources**

Do not transcribe results of breath alcohol tests, urinalysis reports, or HIV tests from documents provided by sources outside USMEPCOM unless the test was done in a medical treatment facility overseas.

#### **1-9. Expired medical examinations**

a. If a medical examination expires, transcribe the DAT results onto the new SFs 88 and 93.. Do not conduct a new DAT. Use MEPRS entries, USMEPCOM Form 40-8-4 (Drug Testing Control Log), SF 88, or Product Control Number (PCN) ZHM002s (Drug and Alcohol Processing Eligibility Rosters) for source documents. If results are not available from these sources, contact sector for assistance.

b. If the medical examination expires and there is time to receive results before shipping, conduct another HIV test. Be sure the Service liaison understands that once the specimen is drawn, the applicant will not be shipped to recruit training until negative results are received. If there is not time to receive results before shipping to recruit training, transcribe the results from the existing medical examination, MEPRS record, screening record, or USMEPCOM Form 40-8-6 (HIV Control Log). Annotate block 50 of the SF 88 to show the date of the original HIV test and record the following statement: "Results transcribed from expired medical examination because results of a new test could not be received before shipping to recruit training."

### **Section III**

#### **Testing Procedures**

#### **1-10. Procedures**

Chapters 2 through 10 contain specific procedures for administration of the DAT and HIV programs.

**1-11. Drug testing procedures**

Applicants for military service will be screened for tetrahydrocannabinol (THC) (active ingredient in marijuana) and cocaine use at the site where the preentrance medical examination is conducted. Analysis will be conducted in DOD certified drug testing laboratories using procedures established by the Assistant Secretary of Defense for Health Affairs. Persons confirmed cocaine-positive (positive gas chromatography/mass spectrometry test) are not eligible for further MEPS processing or military service, but may, at Service discretion, be retested 1 year following initial examination. Persons confirmed THC-positive are not eligible for further MEPS processing or military service, but may, at Service discretion, be retested 6 months following initial examination. Individuals testing positive twice for either drug are not eligible for military service, but may, at Service discretion, retest 2 years from the date of the second test.

**1-12. Alcohol testing procedures**

Applicants for military service will be screened for alcohol use at the site where the preentrance medical examination is conducted. The examination will be conducted using a National Highway Traffic Safety Administration approved breath alcohol test. Individuals confirmed positive at a blood alcohol level of 0.050 or above are not eligible for further MEPS processing or military service but may, at Service discretion, be retested 6 months following initial examination. Individuals testing positive twice are not eligible for military service, but may, at Service discretion, retest 2 years from the date of the second test.

**1-13. Alcohol dependency evaluation procedures**

Applicants will be evaluated for dependency by the physician performing the medical examination using appropriate medical and psychiatric criteria.

**1-14. HIV testing procedures**

Applicants for military service will be screened for HIV at the site where the preentrance medical examination is conducted. All specimens will be screened for HIV using ELISA as the first test. All specimens testing ELISA positive will be tested using Recombinant Elisa and Western Blot confirmation tests. Persons confirmed positive are not eligible for military service.

**1-15. Provisional Delayed Entry/Enlistment Program (DEP) and Reserve component enlistment**

a. Applicants otherwise qualified may enlist, provisionally, in the DEP or Reserve Component pending receipt of HIV results. However, should these enlistees later receive positive HIV results, they must be discharged from the DEP or Reserve Component within 30 days of receipt of results.

b. Applicants otherwise qualified may enlist, provisionally, in the DEP or Reserve Component pending receipt of drug test results. However, should

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enlistees later receive positive drug test results, they must be discharged from the DEP or Reserve Component within 30 days of receipt of results.

c. Applicants who test positive for alcohol or drugs and are authorized by the sponsoring Service to take a second test after the appropriate waiting period will be allowed to enter the DEP or Reserve Component before final negative drug results are received. Should these enlistees later receive positive drug test results, they must be discharged from the DEP or Reserve Component within 30 days of the receipt of results.

d. Under no circumstances will DEP or Reserve enlistees be accessed or shipped to basic training without negative HIV, alcohol, and drug test results.

#### **Section IV**

#### **Exceptions to policy, test reconsiderations, and waivers**

##### **1-16. Exceptions to policy**

The following applies to exceptions to policy:

a. Only the Assistant Secretary of Defense (Manpower Management-Personnel Procurement) will grant exceptions to policy for any portion of DAT or HIV.

b. Sector and MEPS commanders will not grant exceptions to policy for any portion of HIV or drug and alcohol testing, regardless of circumstances.

c. If Services need or desire exceptions, they will pursue them through their chain of command.

d. If MEPS need or desire exceptions, they will pursue them through the sector. Sectors will relay all requests for exception to HQ USMEPCOM (MEPCOPT-O-E).

##### **1-17. Test reconsiderations and waivers**

a. The following applies to requests for reconsiderations and waivers to DAT procedures:

(1) Persons who test positive for DAT, but question the validity of the test, will not be retested or reconsidered, regardless of circumstances.

(2) There are no waivers to the ineligibility period for applicants testing positive.

(3) Recruiting Services may initiate waiver requests for applicants who initially test positive for drugs, then immediately test negative with

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an independent source, in accordance with individual Service waiver requirements. This specifically refers to persons undergoing medical care when medication used during treatment or prescribed by a treating physician would cause tests to show positive results.

b. Persons with confirmed positive HIV results may request reconsideration only if a private physician documents negative results in writing and the person shows no sign of immuno-incompetency. Forward such requests through sector to HQ USMEPCOM (MEPCM). The Service Surgeon General must make final determination on these cases. Do not forward requests for reconsideration or waiver under any other circumstances since none of the Services grant or recommend waivers of unchallenged positive tests. A waiver request, for other medical conditions may be submitted on a copy of the SF 88 before HIV test results are available with the understanding that positive test results negate any medical waiver, and that applicants with positive test results will not be accessed unless positive results are later reversed by negative confirmatory tests.

## **Chapter 2**

### **Preparatory Administrative Actions**

#### **2-1. Persons who will receive DAT**

a. For MEPS purposes, DAT all individuals applying for entrance or reentrance into Regular and Reserve Components of the Armed Forces who require a complete medical examination and the Service Secretary has directed testing at the MEPS. This includes Regular Army, Army Reserve, Army National Guard, Regular Air Force, Air Force Reserve, Air Guard, and selected Navy special programs applicants.

b. Following are examples of persons to test:

(1) Any applicant discharged from the DEP or Reserve of one Service for enlistment into the DEP or Reserve of another Service, if the gaining Service requires DAT at the MEPS.

(2) Applicants with valid separation examinations or DA Form 1811 (Physical Data and Aptitude Test Scores Upon Release From Active Duty) who have been separated from the Service more than 6 months, if the gaining Service requires DAT at the MEPS.

(3) Air Force Officer Training School candidates who have received flight medical examinations bearing the Air Training Command Surgeon's Acceptance Stamp and who have not received drug and alcohol tests.

(4) Navy special officer programs or special education programs if such testing has been coordinated in advance.

(5) Health Care Professionals whose medical examinations were done outside the MEPS if such testing has been coordinated in advance.

#### **2-2. Persons who will receive HIV tests**

Test all persons applying for entrance or reentrance into the Regular and Reserve Components of the Armed Forces, including Army and Air National Guard and Coast Guard, requiring a complete medical examination. Do not volunteer to do special tests or suggest such testing is possible.

#### **2-3. Persons who may receive one test, but not the other**

The following are examples of persons who may receive one test but not the other, or may not be tested at all:

a. Applicants with valid separation examinations or DA Forms 1811 who do not need a complete medical examination will not receive DAT or HIV tests.

b. Reservists and guardsmen preparing for overseas deployment, Phase II (Split Option) training, or processing for an Active Guard/Reserve (AGR)

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tour will not receive DAT or HIV tests unless directed by HQ USMEPCOM (MEPCOPT-0).

c. Persons applying for civilian employment either within DOD or with agencies outside DOD will not receive DAT or HIV tests.

d. Active duty military personnel, specifically including those assigned to the MEPS or recruiting Services, will not receive HIV tests. Screening will continue as required by current individual Service active duty testing procedures by the activity responsible for MEPS-assigned military members.

e. Civilians employed by the MEPS will not receive DAT or HIV tests unless processing as applicants.

f. Persons enlisting overseas who come through the MEPS will not receive DAT or HIV tests. Since these people have taken the oath of enlistment, testing is Service responsibility and must be accomplished in the medical treatment facility. Do not test, retest, or attempt to research results for these people.

g. Warrant officer candidates who are already in the military will not receive DAT or HIV tests. Test only when candidates apply from civilian life.

h. Reservists and National Guard personnel receiving quadrennial medical examinations at the MEPS will receive HIV tests but will not receive DAT.

i. All DEP enlistees who have completed DAT, but whose medical examinations expire before DEP-out and shipping to recruit training will receive another medical examination, but will not receive another DAT. Transcribe previous results from the previous medical examination, MEPRS records, or PCN ZHM002. If results are not available from these sources, contact sector for assistance. Refer to chapter 5 for specifics on transcribing HIV results.

j. Persons on the Temporary Disability Retired List returning to active duty will not receive HIV tests or DAT.

k. Examinees for Government agencies (Peace Corps, Secret Service, Federal Bureau of Investigation, etc.) other than the Armed Services will not receive HIV tests or DAT.

l. Reserve and active duty unit members will not receive HIV tests or DAT.  
m. Members of the DEP who must be discharged and reenlisted for expiration of maximum time in the DEP will not receive HIV tests or DAT. This applies only to members of the DEP who are immediately (within 2 working days) reenlisted in the same Service.

n. Members of a Reserve or Guard Component being discharged for immediate enlistment (within 2 working days) into the Regular Component of the same Service will not receive DAT or HIV tests.

#### **2-4. Drug and alcohol testing for probable cause**

Occasionally a person will appear to be intoxicated or impaired when they arrive at the MEPS for processing, shipping to basic training, or as a MEPS employee. Title 10, United States Code, Section 504, and AR 601-270, paragraph 3-9, prohibit the MEPS from processing any applicant for enlistment if that person is believed to be intoxicated or otherwise impaired.

a. Do not administer a breath alcohol test to applicants or enlistees if a. breath alcohol test was conducted during the preaccession medical examination and yielded negative results or if a breath alcohol test is not required for enlistment. This specifically refers to shippers or people processing for a Service which does not require drug and alcohol testing at the MEPS. Escort these applicants to the CMO for diagnosis on clinical grounds, not only for alcohol intoxication, but also for symptoms caused by other diseases. The CMO will annotate evaluation results on the SFs 88.

b. If this person is in the MEPS for a preenlistment medical examination and the Service processed for requires drug and alcohol testing in the MEPS, conduct a breath alcohol test as part of the preenlistment medical examination and, if confirmed positive, disqualify this person for the appropriate period of time.

c. Do not, under any circumstances, administer a breath alcohol or drug test to a civilian employee believed to be intoxicated or otherwise impaired. This specifically refers to civilian employees who volunteer to take either test. Call the servicing civilian personnel office or command civilian personnel office for assistance.

d. The commander will escort MEPS-assigned military personnel who appear to be intoxicated or impaired to the CMO for a diagnosis of intoxication based on clinical signs and symptoms. Do not use the breathalyzer. Be very careful to keep such an evaluation from becoming public knowledge. Contact sector if further evaluation or treatment is required. Refer to USMEPCOM Reg 40-1, paragraph 5-4, for more information on dealing with people who appear to be intoxicated or impaired.

e. Do not volunteer the use of the breathalyzer to any other person or agency. Do not allow other persons or agency representatives to borrow or use breathalyzers for their testing, whether unit sweep or probable cause.

#### **2-5. Applicant processing folders**

Prepare processing folders clearly identifying applicants requiring DAT and HIV tests before processing begins.



**2-6. SF 88 (USMEPCOM Overprint), Report of Medical Examination**

Stamp all SFs 88 with the provided "Item 50. Other Tests" stamp in the bottom right portion of the "Notes" section on the front of the SF 88. This portion of the SF 88 is referred to in this regulation as "item 50."

**2-7. Commander's orientation briefing**

Drug and alcohol use and dependency and HIV testing need not be specific items in the commander's briefing. Do not speculate on either test. If asked about either, use the following responses:

a. "You will be tested for drug and alcohol use and interviewed by a physician to determine dependency."

b. "You will be tested for the HIV antibody. Presence of the antibody implies past exposure to the virus. This does not mean you have AIDS."

**2-8. USMEPCOM Form 40-8 (Drug and Alcohol Testing Acknowledgment)**

Because of the legality and sensitivity of the DAT program, every person receiving DAT at the MEPS must complete and sign USMEPCOM Form 40-8 before the test is conducted. See sample at figure 2-1. Do not conduct any portion of drug and alcohol testing before the acknowledgment form is signed. All MEPS employees are specifically prohibited from completing any portion of the form. This includes stamping or preprinting the date on the form. Every portion of the form must be completed by the applicant. Applicants who refuse to complete and sign the form are barred from further processing. Applicants who change their minds and decide to sign the form may return to test at the MEPS commander's discretion.

a. The medical briefer will have each applicant read, complete and sign an acknowledgment form. Explain all areas of the form so that its contents are fully understood. This form is part of the applicant's medical record.

b. Use the following to explain paragraph 4 of the acknowledgment form: "If you discuss drug and alcohol use with the medical officer at the MEPS, that discussion will be recorded on the Report of Medical Examination. Drug and alcohol test results will also be recorded. This information is protected by the Privacy Act and, normally, can be used in connection with enlistment proceedings, security investigations, medical evaluations, court orders, and other investigations. If you enter the military by giving false drug and alcohol information, when you would have been disqualified if the truth were known, you can be punished for fraudulent enlistment. If, later on in your career, you should be tried by a courts-martial and make a statement such as, "I have never used drugs or alcohol in my whole life," and your medical record from the MEPS shows that you mentioned drug and alcohol use, this could be used against you. This particular instance is called "impeachment," since it causes your comment to be seen as a false statement. Other than that, this information cannot be used against you for disciplinary action or administrative purposes unless you bring up this information on your own."

**2-9. USMEPCOM Form 40-8-1, HIV Antibody Testing Acknowledgment**

Have applicants read, complete, and sign the HIV Antibody Testing Acknowledgment Form. See sample at figure 2-2. Employees of the MEPS are specifically prohibited from completing any portion of the form. This includes stamping or preprinting the date on the form. Explain all parts of the form so that its contents are fully understood. Do not conduct HIV testing until the acknowledgment form is signed. This form is part of the applicant's medical record. Applicants who refuse to complete and sign the form are barred from further processing. Applicants who change their minds and sign the form may return to test at the MEPS commander's discretion.

**2-10. Refusal to test**

Applicants who refuse the alcohol, drug, or HIV test are barred from further MEPS processing, regardless of circumstances. Applicants who change their minds and consent may return to test at the MEPS commander's discretion.

**2-11. Enlisting and shipping without DAT or HIV results**

Do not enlist applicants in a Regular or Reserve Component or ship any enlistees to basic training without negative DAT and HIV results.

a. This specifically includes people whose DAT, specimens were not taken; persons whose DAT specimens were taken, but whose results have not returned; and persons whose DAT specimens were canceled, but were not retaken. Exceptions must be pursued by the recruiting Service.

b. Do not enlist applicants in a Regular or Reserve Component or any enlistee to basic training without negative HIV results. This specifically includes people whose blood has been drawn but for whom results have not been received. There are no exceptions.

**2-12. Testing nonapplicants**

The MEPS will not test DOD nonapplicants (see USMEPCOM Reg 310-11, item A-128) for HIV or DAT unless a complete medical examination is conducted. The only exception is for an HIV test or DAT necessary to complete a medical examination done outside the MEPS in the case of Health Care Professionals. The MEPS will not test other nonapplicants for any reason.

**2-13. Notifying unit commanders of Service member positive for alcohol or drugs**

When a Service member (Active or Reserve) tests positive for alcohol or drugs, notify the unit commander (regardless of Service). Whether the person required DAT or was accidentally tested by the MEPS is immaterial. Send the memorandum at figure 2-3 to the Service member's commander via first class mail.

**2-14. Safety requirements**

Every person handling blood products and urine specimens in the MEPS will wear protective gloves on both hands. This is an absolute requirement--there

are no exceptions. Change gloves regularly. Do not use dirty or stained gloves, or gloves with holes or splits in the fabric.

**2-15. HIV blind specimens**

The testing contract requires Walter Reed Army Institute for Research (WRAIR) to send blind specimens to the HIV laboratory periodically through a specific, predetermined MEPS. These specimens consist of both positive and negative specimens. Such samples are randomly mixed with applicant samples and labeled as applicant specimens. Detailed instructions are provided to the designated MEPS.

a. Complete the USMEPCOM Form 40-8-6 (HIV Control Log) with the entry "Blind Samples" and the blind sample identification number instead of applicant name and social security number.

b. Mark all shipments to the laboratory containing blind samples as containing etiologic agents.

c. Upon receipt of blind sample test results, complete the WRAIR answer sheet and forward to WRAIR by the second week of the following month.

d. The MEPS must provide information to HQ USMEPCOM (MEPCOPT-P-OA) so the statistical data base can be adjusted and positive or indeterminate specimen numbers can be reported separately. Provide the following information by MEPRS message each month to HQ USMEPCOM (MEPCOPT-P-OA):

- (1) Total number of blind specimens received from WRAIR.
- (2) Specimen numbers of blind specimens testing positive.
- (3) Specimen numbers of blind specimens testing indeterminate.
- (4) Status of prior month indeterminate blind specimens.

**2-16. Afternoon processing**

If HIV specimens are drawn after the courier departs, process as usual and refrigerate in a locked container for shipment with the next day's specimens. Suspense paperwork with the date of shipment, not the date of test. Treat DAT specimens in the same manner, but do not refrigerate.

**2-17. Courier service on Saturday openings**

Follow these guidelines for courier service for Saturday openings:

a. Secure drug specimens collected during a Saturday opening in the medical section until the next work day. Do not request courier service for drug specimens collected on Saturday.

b. Contact the HIV laboratory at least 48 hours in advance to arrange pick up of specimens on Saturday. Refer to paragraphs 5-31 and 5-47.

# DRUG AND ALCOHOL TESTING ACKNOWLEDGMENT

(For use of this form, see USMEPCOM Reg 40-8)

I acknowledge I have been informed by verbal briefing and the contents of this document of the following:

1. My medical examination includes tests for alcohol, marijuana and cocaine.
  - a. The alcohol test is conducted by the use of a breath alcohol analyzer. Positive tests are rechecked immediately. If my alcohol test is confirmed as positive, I will be ineligible for military service. If my sponsoring service desires, I may take another test after 6 months.
  - b. The test for marijuana is conducted by urinalysis. Positive tests are rechecked at the laboratory to confirm results. If the marijuana test is confirmed as positive, I will be ineligible for military service. If my sponsoring service desires, I may take another test after 6 months.
  - c. The test for cocaine is also conducted by urinalysis. Positive tests are rechecked at the laboratory to confirm results. If the cocaine test is confirmed as positive, I will be ineligible for military service. If my sponsoring service desires, I may take another test after 1 year.
2. If the results of a second test for alcohol, marijuana or cocaine are confirmed positive, I will remain ineligible for military service. If my sponsoring service desires, I may return for another test after 2 years.
3. Results of both positive and negative tests will be recorded on my medical examination form. I will be informed of a positive breath alcohol test while I am in the MEPS. I will be notified by letter of positive marijuana and cocaine results.
4. Information about drug and alcohol use I might disclose and results of my tests are protected under the Privacy Act and will be released only as required by that Act. This information cannot be used against me in actions under the Uniform Code of Military Justice (UCMJ) or for administrative purposes, except in cases of fraudulent entry into the Armed Forces (Article 83, UCMJ). These limitations do not apply to cases where I introduce evidence of drug or alcohol abuse, or lack thereof, first. These limits do not apply to disciplinary or other action based on independently derived evidence or impeachment proceedings.

John Doe  
Signature

4 Jan 1991  
Date

Doe, John  
Print Last, First and Middle Names

123-45-6789  
SSN

FOR OFFICIAL USE ONLY

USMEPCOM Reg 40-8, 1 Apr 91 Replaces USMEPCOM Form 40-8, 1 Apr 88, which will be used until exhausted

Figure 2-1. Sample of a completed USMEPCOM Form 40-8

16 July 1991

## HIV ANTIBODY TESTING ACKNOWLEDGMENT

(For use of this form, see USMEPCOM Reg 40-8)

I acknowledge that I have been informed by verbal briefing and the contents of this document of the following:

- a. My medical examination includes a blood test for the presence of antibodies to the Human Immunodeficiency Virus, also called HIV.
- b. This virus causes Acquired Immune Deficiency Syndrome, also called AIDS.
- c. The HIV test is not a test for AIDS. A positive test means that a person has contracted the virus and built antibodies in the blood. A positive test does not mean a person has AIDS.
- d. Positive tests will be repeated and rechecked by a different laboratory test to confirm the positive result.
- e. A negative test means the individual has no detectable antibodies to the virus. It does not guarantee against having a positive test at a later date.
- f. A confirmed positive HIV test is disqualifying for entry into the Armed Forces.
- g. Results of the test, either positive or negative, are recorded on the medical examination form.
- h. I will be told if my HIV test is positive. My parents or legal guardian will also be informed if I am a minor.
- i. My chain of command will be notified of my test results if I am a member of the Armed Forces.
- j. Some states require by-name reporting of positive HIV results. If my state requires such notification, it will be made through state or local health authorities.

Print Name:

DOE                      JOHN  
Last                      First                      Middle

123-45-6789  
 Social Security Number

4 Jan 91  
 Date

John Doe  
 Signature

FOR OFFICIAL USE ONLY

USMEPCOM Form 40-8-1, 1 Apr 91

Replaces USMEPCOM Form 40-5-3, 1 Apr 87 which will be used until exhausted

Figure 2-2. Sample of a completed USMEPCOM Form 40-8-1

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

MEMORANDUM FOR Inspector-Instructor, Company H, 2d Battalion, 24th  
Marines, 4th Marine Division, 1721 McAree Road, Waukegan,  
IL 60085

SUBJECT: Alcohol or Drug Test Results; case of SSgt Marvin Smith

1. Staff Sergeant Smith was tested for alcohol, marijuana, and cocaine on 10 January 1991. That test was confirmed positive for (drug or alcohol).

2. Use of results obtained under the DOD Preaccession Drug and Alcohol Testing Program was addressed in Secretary of Defense memorandum, 15 January 1988, SUBJECT: Policy on Preaccession Drug, Chemical and Alcohol Use and Dependency Testing. Limitations on use of this information are quoted directly from that memorandum:

"d. Limitations on the use of information

1. Records of results obtained from tests performed under this memorandum and information concerning personal drug and alcohol use disclosed by an applicant are protected under the Privacy Act (5 U.S.C., Section 552(A)) and will be released only in accordance with that act.
2. This information may not be used as a basis for actions under the Uniform Code of Military Justice or for administrative sanctions such as letters of reprimand, censure, or admonition, except in cases of fraudulent entry into the Armed Forces (Article 93, UCMJ).
3. Limitations in paragraph D.2. do not apply to introduction of evidence for impeachment or rebuttal purposes in any proceeding in which the evidence of drug abuse (or lack thereof) has first been introduced by the individual."

MARK R. SIMMONS  
Lieutenant Colonel, USA  
Commanding

*FOR OFFICIAL USE ONLY*

Figure 2-3. Sample memorandum notifying unit commander of Service member's positive alcohol or drug results

### **Chapter 3**

#### **Alcohol Testing Procedures**

##### **3-1. Training requirement**

Train examiners conducting the BAT in the proper use of breath alcohol analysis equipment according to the manufacturer's operating manual. Training requirements are shown at appendix B. Commanders will issue an original, signed memorandum appointing BAT examiners. Use one memorandum to designate a number of examiners as shown in figure 3-1.

##### **3-2. Administrative requirements**

For breath alcohol analysis equipment to show an accurate reading, applicants must not consume food or liquids, chew gum or breath mints, or use tobacco products for at least 15 minutes before the BAT.

a. Inform applicants of eating and drinking restrictions during the medical briefing. Do not allow them to leave the room except for illness or emergency. Observe those excused for a valid cause and later return for BAT for at least 15 minutes before the test to ensure adherence to eating and drinking restrictions.

b. Administer the BAT immediately after the medical briefing in a controlled room or area. Examiners will keep applicants under direct control and observation at all times and ensure no substances are consumed.

##### **3-3. Duties of the BAT examiner**

Examiners will conduct BAT and accomplish the following:

a. Check and calibrate alcohol testing equipment according to the manufacturer's instructions before conducting any tests.

b. Enter daily calibration check results for each instrument on USMEPCOM Form 40-8-2-R (Breath Alcohol Analyzer Calibration Record). See figure 3-2 for a completed sample.

c. Maintain adequate supplies (mouth pieces, batteries, etc.) to conduct testing for that day.

d. Correctly record BAT results on the SF 88.

e. Refer positive applicants to the CMO for an interview.

##### **3-4. Refusal to test**

a. Do not allow applicants who refuse the alcohol test to continue any part of processing or finish the medical examination.

b. Permit applicants who eventually change their minds to start the process over later at the MEPS commander's discretion. These applicants

will not attend another medical briefing if SFs 88 and 93 have been completed. Observe eating and drinking restrictions. The BAT taken after refusing the initial test is still the "first test."

### **3-5. Alco-Sensor III operating instructions**

- a. Remove unit from box and note number from 20 to 36 in temperature window. This shows the unit is in operating temperature range.
- b. Attach mouthpiece.
- c. Press- read button and hold down. Check for constant reading of 0.000.
- d. Depress set button to flush the system and prepare unit for testing.
- e. Instruct applicant to blow continuously for as long as possible.
- f. Push read button before exhalation ceases. Sample after 3 seconds while applicant is still blowing.
- g. Keep read button depressed until maximum reading is maintained for 6 seconds. Record at maximum level reading attained.
- h. Push set button to accelerate elimination of alcohol remaining on the fuel cell. This purges the system and cleans fuel cell surface.
- i. Let the breath analyzer rest 15 seconds between tests if tests were negative and-2 minutes if test was positive.

### **3-6. Conducting the BAT**

- a. Check the calibration of each analyzer before conducting any tests to ensure equipment works properly and provides accurate results. Check calibration at the beginning of each processing day. If the instrument does not register within prescribed standards, calibrate the unit. Annotate results of the check on the calibration record.
- b. Applicants will give the BAT examiner their processing folders and SFs 88 and 93.
- c. Conduct the test.
- d. Annotate results on the SF 88.

### **3-7. Interpreting BAT results**

- a. Results are negative if the breath alcohol analyzer shows a reading of 0.049 or lower. The actual reading will appear as ".049," etc., on the



breath alcohol analyzer. Applicants with negative results may continue with the medical examination.

b. Results are positive if the breath alcohol analyzer shows a reading of 0.050 or higher. The reading will appear as ".050," etc., on the breath alcohol analyzer. Applicants with positive results will remain at the alcohol test station for a confirmation test. If the applicant refuses the confirmation test, consider the initial positive as score of record. Annotate the SF 88 accordingly.

### **3-8. Conducting confirmation tests**

a. The BAT examiner will retain custody of positive applicants' SFs 88 and processing folders.

b. Conduct confirmation tests after a period of observation of not fewer than 15 minutes, but not more than 30 minutes. Adhere to eating and drinking restrictions.

c. A negative confirmation test means the applicant has passed the BAT and may continue processing. Annotate the SF 88.

d. If the confirmation test is positive, use the lower of the two readings (initial or confirmation) for the score of record and disqualify the applicant. The CMO or profiling physician will interview the applicant for alcohol dependency. Do not allow other processing.

e. Initial and confirmation BATs combined still only constitute a single test. Initial + confirmation = first test.

### **3-9. Conducting second tests**

Applicants who are positive on both initial and confirmation BATs are not eligible for military service. They may retest after 6 months with Service approval. Refer to retests as "second tests." Applicants who are eligible for a second test may take the BAT as outlined above.

### **3-10. Recording BAT results**

a. Record negative results (0.049 or lower) as "NEG" in the first of the two blocks provided in the alcohol section under "first test" in item 50. Enter "N" in the "code block" under "first test." Leave the second block under "first test" for alcohol blank.

(1) Annotate item 72 of the SF 88 with the appropriate MEPRS WRK. This code will be "1," "2," "4," "7," or "8." Status codes will be "P," "J," "L," or "R." Date and initial entries.

(2) Complete item 76 as required by USMEPCOM Reg 40-1.

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b. Record positive results (0.050 or higher) on the initial test verbatim from the readout on the breath alcohol analyzer. Enter this information in the first of two blocks provided in the alcohol section under "first test" in item 50. For example, record a positive reading of "0.063 as "063." Do not make any entries in the code block.

c. Record results of the confirmation test from the readout on the breath alcohol analyzer and enter in the second of two blocks provided in the alcohol section under "first test" in item 50. Circle the lower of the two readings and consider this the score of record.

(1) Negative confirmation test.

(a) The confirmation test is negative if the lower score is below 0.050.

(b) If the lower score is below 0.050, enter "N" in code block under "first test." Complete the SF 88.

(2) Positive confirmation test.

(a) If the score is 0.050 or higher, enter "A" in the code block.

(b) Annotate item 72 of the SF 88 with WRK "1," "2," "7," or "8" and status code "J." Date and initial the entry.

(c) Enter "3T" in item 76 under "S."

(d) Enter medical disqualification code "4E" in item 78.

d. Do not enter results for applicants who refuse the alcohol test. Enter "X" in the code block under first test.

(1) Annotate item 72 of the SF 88 with status code Date and initial the entry.

(2) Enter "3T" in item 76 under "S."

e. Record second test results on the SF 88. Enter results and codes under the "second test" heading in item 50.

(1) Negative second tests.

(a) Annotate item 72 of the SF 88 with MEPRS WRK "8" and status code "P," "J," "L," or "R." Date and initial the entry.

(b) After completion of medical examination, change the "S" in item 76 to "1" or "2." Date and initial the entry.

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(c) Line out and initial "4E" disqualification code in item 78.

(2) Positive second tests.

(a) Annotate item 72 of the SF 88 with MEPRS WRK "8" and status code "E." Date and initial the entry.

(b) Items 76 and 78 remain unchanged.

### **3-11. Alcohol dependency interviews**

a. The CMO or profiling physician will interview all applicants with confirmed positive results and notify them of their disqualification as soon as possible after testing. During the interview, the CMO will give the applicant a list of civilian drug and alcohol treatment facilities. Document the interview on the SF 88 as required by USMEPCOM Reg 40-1.

b. The CMO will evaluate the applicant as required by USMEPCOM 40-1, using appropriate medical/psychiatric criteria to determine dependency.

(1) Applicants determined not to be alcohol dependent are still ineligible for military service but may retest after 6 months time with recruiting Service approval.

(a) Annotate item 72 of the SF 88 with WRK "8" and status code "J." Date and initial the entry.

(b) Items 76 and 78 of the SF 88 remain unchanged.

(2) Applicants found to be alcohol dependent are not eligible for military service, but may retest after 2 years with Service approval.

(a) Line through the medical disqualification code in item 78 and change to "4K." Initial the entry.

(b) Items 72 and 76 of the SF 88 remain unchanged.

(3) Notify parents of alcohol dependent minors in accordance with USMEPCOM Reg 40-1. Married minors are considered emancipated.

### **3-12. Notifying recruiting Services of BAT disqualification**

a. Provide each recruiting Service liaison office a copy of the SF 88 for all disqualified applicants.

b. Provide the recruiting Service liaison office a daily ZHM002 showing qualified and disqualified applicants for both drug and alcohol testing.

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(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

MEMORANDUM FOR: MR. ROBERT W. HALL  
MR. FRED V. ALSTIN  
MS. DEBRA MARTIN

SUBJECT Appointment as Breath Alcohol Testing (BAT) Examiner

1. As required by USMEPCOM Reg 40-8, 1 Apr 91, Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Program, you are appointed as BAT examiners for the Chicago Military Entrance Processing Station (MEPS).
2. You have satisfactorily completed breath alcohol equipment training and are familiar with testing requirements in the MEPS.
3. You will perform all duties in strict compliance with the reference. You may be required to submit statements or give testimony in legal proceedings concerning MEPS tests.
4. This appointment will end with termination of your current assignment or at the Commander's discretion.

  
WILLIAM A. BROWN  
Major, AG  
Commanding

Figure 3-1. Sample breath alcohol testing examiner appointment memorandum

BREATH ALCOHOL ANALYZER CALIBRATION RECORD						
(For use of this form, see USMEPCOM Reg 40-8)						
MANUFACTURER		MODEL	SERIAL NUMBER	LOCATION	MONTH	
Intoximeter		Alconson	B17399	Chicago	Apr 91	
DATE	TIME	EXAMINER NAME	TYPE CALIBRATOR	VALUE OF STANDARD	RESULTS OBTAINED	VERIFICATION RESULTS
1	0630	Robert Hall	Palco	128	118	119
2	0630	Robert Hall	Palco	128	119	120
3	0630	Robert Hall	Palco	128	121	122
4	0630	Robert Hall	Palco	128	124	127
5	0630	Robert Hall	Palco	128	128	128
8	0640	Debra Martin	Palco	128	130	132
9	0640	Debra Martin	Palco	128	130	130
10	0640	Debra Martin	Palco	128	134	135
11	0640	Debra Martin	Palco	128	136	138
12	0640	Debra Martin	Palco	128	129	132
15	0630	Fred V. Alstin	Palco	128	130	132
16	0640	Debra Martin	Palco	128	131	132
17	0640	Debra Martin	Palco	128	124	124
18	0630	Fred V. Alstin	Palco	128	123	123
19	0640	Debra Martin	Palco	128	122	122
22	0630	Fred V. Alstin	Palco	128	118	119
23	0630	Fred V. Alstin	Palco	128	118	119
24	0640	Debra Martin	Palco	128	119	120
25	0640	Debra Martin	Palco	128	118	119
26	0640	Debra Martin	Palco	128	121	122
29	0645	Fred V. Alstin	Palco	128	130	132
30	0645	Fred V. Alstin	Palco	128	126	130
REMARKS						

USMEPCOM Form 40-8-2-R, 1 Apr 91 Replaces USMEPCOM Form 40-8-1-R, which is obsolete

Figure 3-2. Sample completed USMEPCOM Form 40-8-2-R

**Chapter 4**  
**Drug Testing Procedures**

**4-1. Administrative requirements**

a. Train drug testing coordinators and observers in proper procedures for conducting drug testing.

(1) Commanders will issue original, signed memorandums appointing observers and coordinators. See figures 4-1 and 4-2 for sample appointment memorandums. Use one memorandum to appoint all coordinators and observers. Commanders may designate a person as both coordinator and observer, but that person will not perform both duties on the same day.

(2) Persons without appointment memorandums will not conduct any portion of drug testing.

b. Conduct drug testing during the laboratory portion of the preaccession medical examination in strict compliance with this regulation.

**4-2. Duties of the drug testing coordinator**

Coordinators will conduct DAT in strict compliance with guidelines established in this regulation and accomplish the following:

a. Complete USMEPCOM Form 40-8-3 (Urine Sample Custody Document), (figure 4-3), and ensure all entries requiring signature are complete. This form is referred to in this regulation as the "USCD."

b. Complete USMEPCOM Form 40-8-4-R (Drug Testing Control Log), (figure 4-4), and ensure all entries requiring signature are complete. This form is referred to in this regulation as the "control log."

c. Properly package and ship urine specimens.

d. Record drug test results on the SF 88.

**4-3. Duties of the drug testing observer**

The observer will accomplish the following:

a. Escort applicants to and from latrine facilities.

b. Observe applicants urinating into collection cups.

c. Ensure urine specimens are not contaminated or altered in any way.

d. Escort applicants to coordinator and stay with them until the coordinator accepts specimens.

e. Sign the control log for specimens whose collection the observer monitored.

#### **4-4. Refusal to test**

Do not allow applicants who refuse to test to continue with the medical examination or any other processing that day. Annotate the SF 88 as follows:

a. If applicants refuse to test, enter "X" under first test in item 50.

(1) Mark item 72 with status code "L." Date and initial the entry.

(2) Enter "0" under "S" in item 76.

b. Permit applicants who eventually change their minds to test later at the MEPS commander's discretion.

(1) Enter results in the drug section under "first test" of item 50.

(2) Line through the "X" entry and initial.

#### **4-5. Preprinted medical specimen number identification labels**

a. Assign a different preprinted medical specimen number identification label to each applicant. Use the same specimen number for the HIV test.

b. If a drug test is canceled, use the same specimen number again for the retest. Do not use old "Damon" numbers with an "M" in the number under any circumstances.

#### **4-6. Conducting drug urinalysis testing**

The following procedures will establish a strict chain of custody for specimens undergoing drug testing:

a. Applicants will give the coordinator their processing folders and SFs 88 and 93.

b. Give applicants urine collection cups. These are not the bottles used to ship specimens to the drug testing laboratory.

c. Observers will escort applicants to the latrine and physically observe each applicant urinate into a specimen collection cup. If the observer does not do this, the test is invalid. A single observer will not escort and observe more than six male or two female applicants at a time.

d. After completion of specimen donation, the observer will physically escort each group back to the coordinator. Merely standing in the door of the latrine and watching the applicants walk down the passageway is not sufficient. The observer will not turn the group over to another person to

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USMEPCOM Reg 40-8

be escorted to the coordinator--the person who observes urine donation must be the person who escorts the group to the coordinator.

e. Applicants will carry their own urine specimens. Do not combine specimens in any way for one person to carry. Observers will not handle specimen collection cups or shipping bottles at any time.

f. Applicants will give their specimens to the coordinator in the presence of the observer.

g. The coordinator will transfer urine to the specimen bottle and ensure each bottle contains at least 60 milliliters of urine--about one ounce. The bottle should be at least one quarter full. Leave about one half inch of space below the bottom of the neck to avoid leakage caused by possible freezing or expansion during shipment.

h. The coordinator will place the cap securely on the bottle in the presence of the applicant. Tighten the cap securely so that it will not become displaced in shipment.

(a) Do not use this sample for any purpose other than drug testing.

(b) Use excess urine left in the original specimen collection cup for other testing required for the medical examination (pregnancy, etc.).

i. The coordinator will attach a medical specimen identification label to the bottle label in the space provided after "specimen ID."

j. The applicant will initial the bottle label to verify ownership of the specimen and certify information contained on the label is correct.

k. The coordinator will attach the label to the bottle in the presence of the applicant.

l. The coordinator will complete the control log by placing matching medical specimen identification labels and social security numbers in the spaces provided.

m. The coordinator will place matching medical specimen identification labels on the SFs 88 in item 50 on the space annotated "Place First Specimen ID Label Here."

n. The coordinator will complete the USCD by placing a matching label and social security number in the appropriate blocks. Be sure specimen numbers on this form match the control log and SF 88.

o. The coordinator will place a tamper resistant seal on the bottle. Place the seal over the medical specimen identification label, across the top of the cap and down the other side. Be careful not to obscure the



specimen identification number with the tamper resistant seal. Place the specimen bottle in the shipping container.

p. Since the tamper resistant seal is very fragile, be careful in its application. If the seal breaks, apply a new one and annotate "Remarks" section of the USCD to show breakage. The laboratory will cancel samples with broken seals without an explanation on the USCD.

q. The applicant will sign the control log to verify information contained on the control log, USCD, and bottle label is correct.

r. Observers will sign the control log only for those entries observed. Observers verifying two or fewer consecutive entries will sign each entry. If observers verify three or more consecutive entries, draw a diagonal line from the bottom corner to the opposite top corner of signature blocks for specimens being verified and sign along the diagonal line.

s. Place the USCD on top of urine specimens inside the shipping container when all entries are complete. Keep the container under direct observation or in a secure area until ready for shipment. Paragraph 4-9 has chain of custody procedures for storing specimens.

#### **4-7. Contaminated specimens**

If a specimen appears to be contaminated, discard the specimen and have the applicant provide another sample. Ways of altering specimens include adding tap water or other substances. Do not allow applicants to have any objects in their possession which could be used to contaminate samples. Do not send known or suspected contaminated specimens to the laboratory for analysis.

#### **4-8. Applicants who cannot provide urine samples**

a. If an applicant cannot provide a full urine sample, discard partially filled bottles or use for other medical urinalysis (pregnancy, protein tests, etc.). Use a new specimen collection cup and shipping bottle and have the applicant try again after completing other medical processing.

b. If the applicant cannot provide a specimen by the time that processing module is finished in the medical section, consider the medical examination incomplete and stop processing.

c. Enter "2," "7," or "8," in item 72 of the SF 88 and use status code "L." Enter "0" under the "S" in item 76 to show an incomplete medical examination.

#### **4-9. Completing USMEPCOM Form 40-8-3 and chain of custody procedures**

Complete the USCD as follows:

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a. Block 1 - Submitting Agency. Enter "USMEPCOM." Use a rubber stamp or label if the form is not preprinted.

b. Block 2 - Collection Site and Date. Enter the full name of the MEPS, not the address, for collection site. Use a rubber stamp or pre-printed label for the collection site. Overprinting the collection site is appropriate. Enter the date of urine specimen collection in block 2. Use the YYMMDD format. For example, enter 1 June 1991 as 910601. Do not use any other format for the date. Overprinting or reproducing the date for submission to the laboratory is not acceptable and will cause all specimens on that USCD to be canceled.

c. Block 3 - Laboratory Name and Address.

(1) All MEPS, except Honolulu, will forward specimens to PharmChem Laboratories, Inc., 1505A O'Brien Drive, Menlo Park, California 94025. This block may be overprinted.

(2) Specimens from Honolulu MEPS will be tested by Tripler Army Medical Center (TAMC), Forensic Toxicology Drug Testing Laboratory, ATTN: HSHK-DP-D, Tripler Army Medical Center, Hawaii 96859-5000. This block may be overprinted.

(3) Do not ship specimens to be tested under the provisions of this regulation to any other testing laboratory unless specifically directed by HQ USMEPCOM (MEPCOPT-0), regardless of circumstances or Service desires.

d. Block 4 - Return Results To. Enter full name and address of the MEPS. Include both a commercial telephone number and FAX number. These numbers are necessary in case of electronic system failure where results must be FAXed to the MEPS. Use a rubber stamp or preprinted label. This block may be overprinted.

e. Block 5 - Submitting Agency's Specimen Identification. Place medical specimen identification labels in this area. Be sure these match the specimen labels on the SF 88, specimen bottle, and control log. Do not overprint or reproduce this block for submission to the laboratory.

f. Block 6 - SSN of Person Providing Specimen. Enter the applicant's social security number without hyphens. Do not overprint or reproduce this block for submission to the laboratory.

g. Block 7 - Type test. Enter "AT" in each block used, if not pre-printed. Do not enter any other term. This block may be overprinted or stamped.

h. Block 8 - Drugs Tested. Enter "B" for THC and cocaine in each block used, if not preprinted. Do not enter any other term. This block may be overprinted if unused blocks are lined out.

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i. Block 9 - Signature of Collection Official. The coordinator will sign for specimens contained on the USCD. This person is responsible for packaging specimens shown on the USCD for shipment to the laboratory. Enter the date in YYMMDD format. If the signature is missing in this block or reproduced, the laboratory will cancel all specimens on the USCD. Each signature and date in this block must be original. Do not overprint or reproduce this block for submission to the laboratory.

j. Block 10 - Signature of releasing official and date. The person releasing the urine specimens shown on the USCD to the courier will sign this block. The signature in this block will be an original. If the signature in this block is missing or reproduced, all specimens on the USCD will be canceled at the laboratory. Enter the date in YYMMDD format. Do not use any other format for the date. Do not overprint or reproduce this block for submission to the laboratory.

k. Block 11 - Means of shipment. All MEPS, except Honolulu, will enter the name of a contract courier. Honolulu MEPS will enter "MEPS courier." Use stamps or preprinted labels. This block may be overprinted.

l. The laboratory will complete blocks a through g.

#### **4-10. Preparing specimens for shipment**

The coordinator will prepare specimens in the following manner:

- a. Make two extra copies of each completed and signed USCD.
- b. Remove the contents from the shipping container.
- c. Place a plastic bag upright and open in the shipping container. Place the divider inside the bag on the bottom of the shipping container.
- d. Place specimen bottles in the shipping container in the same sequence as shown on the USCD..
- e. Close the plastic bag with a twist tie and fold the top of the bag over the specimen bottles. Do not puncture the plastic bag with the corners of the divider.
- f. Place a copy of the completed USCD in the shipping container on top of the bagged specimen bottles.
- g. Close the shipping container and seal by wrapping I-inch wide filament tape completely around the container's narrowest part. This will ensure the box cannot open during shipment and assure the drug testing laboratory the box has not been tampered with.
- h. Insert the original USCD in a waterproof self-sticking envelope or ziplock bag. Seal the envelope or ziplock bag and center on top of the

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shipping container. Tape the envelope or ziplock bag to the shipping container.

i. Place the shipping container with attached USCD in another water-proof plastic bag. Close the bag and fold the open end over. Wrap 1-inch wide filament tape completely around the bag.

j. Place the packaged container in a courier-supplied shipping package. Do not seal the package.

k. Keep the package under direct observation or secure in a locked area until the courier arrives. A secure area is a lockable room or container (e.g., a file cabinet or storage locker). Limited access means only those individuals designated in writing have access. Post the memorandum granting access on or near the door of the room or storage container.

l. The person placing specimens in storage will sign the "Released By" block on the reverse of the USCD. Enter "Temporary Storage" in the "Received By" block. Enter "Awaiting Shipment" in the "Purpose of Change/ Remarks" block. See figure 4-5.

m. The person removing the specimens from storage will enter "Temporary Storage" in the "Released By" block, enter "Shipment" in the "Purpose of Change/Remarks" block, and sign the "Received By" block on the back of USCD.

n. The last person to receive custody of the specimens will sign block 10 as the releasing official. All specimens and USCDs for a given day must have the same releasing official signature in block 10.

o. Do not delay shipment of specimens because the shipping container is not full. Turn empty specimen bottles upside down in the box and ship to the laboratory along with filled bottles. Do not attach labels or mark bottles to suggest bottles once contained specimens but leaked in shipment.

p. A contract courier will pick up packaged specimens each day for delivery to the laboratory. Seal shipping containers before releasing them to the courier. Do not seal them until just before courier pickup to ensure the person giving the shipment to the courier is the same person signing as releasing official on the USCD.

#### **4-11. Courier pickup**

The courier will not inspect specimen bottles or shipping containers for any reason. The courier will provide a receipt for specimens in the form of an airbill or bill of lading. The receipt may vary depending on the courier. If the courier provides a single airbill for multiple containers, include copies of the airbill with each shipping container. Write the number of boxes on the airbill. Do not release packages until the courier provides some form of receipt.

**4-12. Shipment of specimens**

a. All MEPS, except Honolulu, will ship specimens to the drug testing laboratory by overnight courier service. Honolulu MEPS will deliver its specimens daily to the Forensic Toxicology Drug Testing Laboratory at TAMC.

b. Ship urine specimens collected during Saturday operations to the testing laboratory on the next working day. Place these specimens in temporary storage awaiting shipment. Do not request Saturday pick up.

**4-13. Medical administrative processing**

Once medical processing is complete, hold the original SFs 88 and 93 in the medical section until receipt of final HIV and drug results.

**4-14. Suspense drug test results**

Suspense drug tests to be sure results are received.

a. At least 1 full day's drug results should arrive in each morning's communication with the host computer. If communication does not provide any results, call the sector immediately for assistance.

b. Suspense individual results for 4 working days, then call sector for assistance. When results are relayed over the telephone, MEPS will enter results into MEPRS using "BODO" transaction.

**4-15. Results of drug tests**

The testing laboratory will forward drug test results to HQ USMEPCOM each night through electronic interface. Results received from the testing laboratory will post, to the host data base and transmit to the MEPS during nightly communication. Honolulu MEPS will receive copies of USCDs from TAMC with results annotated and manually enter results into MEPRS.

**4-16. Unable to test at laboratory**

Occasionally, the drug testing laboratory will be unable to test a specimen. When this happens, the MEPS will receive a two-position numeric cancellation code instead of alpha results codes for marijuana and cocaine. The first number will appear in the marijuana block and the second in the cocaine block. Chapter 6 has a complete list of codes and definitions. Applicants receiving a cancellation code must submit another specimen before processing continues.

**4-17. USMEPCOM Form 40-8-5-R (Urine Specimen Custody Document Statement of Correction)**

This form is referred to as a "statement of correction." Administrative errors on the USCD can often be corrected by submitting a statement of correction to the laboratory. See figure 4-5 for a completed sample. The laboratory will notify MEPCOPT-O-E when a statement of correction is required; MEPCOPT-O-E will notify sector of the specific error. The MEPS commander will complete the statement of correction and identify each

person involved in making the error. The commander or acting commander will sign the statement of correction. Each person identified as having a part in the error will sign the statement of correction. Commanders will not delegate responsibility for signing this document to any other person. Signing "for" the commander or any person involved in making the error is specifically prohibited. If the person who made the error is absent because of sickness, temporary duty, etc., annotate the statement of correction accordingly. If the commander is absent from the station because of leave, temporary duty, etc., the acting commander will sign the statement of correction. FAX statements of correction to MEPCOPT-O-E within 24 hours of notification that correction is required. Specimens will not be canceled if statements of correction are submitted within this time-frame. Specimens will be canceled if statements of correction are late or incorrect. Statements of correction will be used to correct missing or erroneous dates, collection sites, return results blocks, laboratory name and address, or means of shipment. They will not be used to correct missing signatures on USCDs or errors on bottle labels.

#### **4-18. Recording initial drug test results**

Copy results of the initial test from the PCN ZHM002 to the SF 88 of each applicant. Honolulu MEPS will transcribe results from the USCD provided by TAMC to the SF 88 and enter into MEPRS.

a. Initial negative results.

- (1) Record negative results as "NEG" under "First Test" of item 50.
- (2) Enter "N" in the "code" block under "First Test."
- (3) No additional annotations are required in item 50.

b. Initial positive results.

- (1) Record positive results as "POS" under "First Test" of item 50.
- (2) Make an entry in the "Code" block under "First Test." Enter "M" if positive THC. Enter "C" if positive cocaine. Enter "MV" if positive THC and cocaine.
- (3) Change profile entry in item 76 (under "S" in PULHES) to "3T."
- (4) Enter the appropriate disqualifying code in item 78. If positive THC, enter "4M." If positive cocaine, enter "4C." If positive for both THC and cocaine, enter "4M/4C."
- (5) If the CMO interviews the applicant and determines cocaine dependency, enter "4D" instead of "4C" in item 78. There is no DOD code for marijuana dependency.

**4-19. Second test procedures and results**

Reschedule applicants testing positive for a second test at recruiting service discretion if the period of ineligibility has expired. Procedures for conducting the second test are similar to those shown for first tests.

a. Place a new medical specimen identification label--one never used before for HIV or drug tests--in item 50 in the space marked "Place Second Specimen ID Label Here."

b. Post results and codes in the drugs section under "Second Tests."

c. Enter "8" in Item 72 under WRK and repeat the previous code ("L," "J," "R," or "P") under ST.

d. If second drug test results are negative, accomplish the following:

(1) Enter results and codes in item 50.

(2) Change "3T" under "S" in PULHES to "1" or "2." Date and initial the entry.

(3) Line through the disqualifying code in item 78 and initial.

e. For positive second drug test results, accomplish the following:

(1) Enter results and codes in item 50 on the SF 88.

(2) Do not change item 76. Item 78 will remain unchanged if the applicant tested positive for the same drug. If conditions have changed, make new entries in item 78. Enter "4M" if positive for marijuana. Enter "4C" if positive for cocaine. Enter "4M/4C" if positive for both marijuana and cocaine. If the CMO interviews the applicant and determines cocaine dependency, enter "4D" instead of "4C."

**4-20. Notifying the recruiting Services of results**

Provide recruiting Service liaison offices a daily roster, PCN ZHM002, listing drug test results and applicant eligibility status.

**4-21. Notifying applicants of positive results**

a. The CMO, or acting CMO, must notify applicants of positive test results by letter as required by USMEPCOM Reg 40-1. The CMO, or acting CMO, will sign each letter advising the applicant of positive results and ineligibility for military service. Signatures of other personnel are inappropriate. Figure 4-6 is a sample letter.

b. The USMEPCOM Reg 40-1 also requires the MEPS to maintain a list of civilian drug and alcohol abuse treatment facilities. Enclose a copy of this list with the notification letter.

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c. Place the letter in a sealed envelope and use first class mail. Do not use registered or certified mail.

d. Notify parents of drug dependent minors in accordance with USMEPCOM Reg 40-1. Married minors are emancipated.

**4-22. Communication with drug testing laboratory**

Communication with the testing laboratory is deliberately restricted. Sectors and MEPS will not contact the laboratory under any circumstances. Refer all questions or comments concerning testing or laboratory procedures through sector to MEPCOPT-O-E.

**4-23. Lost or missing shipments**

If results are not received during communication, the MEPS may be required to provide information concerning the shipment. This will entail calling the courier to obtain the name and address of the person to whom delivery was actually made. The date and time of delivery will also be required. This information will be used by MEPCOPT-O-E to determine if the shipment is actually lost or simply misplaced at the courier warehouse or testing laboratory. If the shipment is lost, submit a Serious Incident Report giving the above information and the number of specimens involved. Retest applicants as soon as possible. Applicants will not enlist and ship until retested and negative results are received.



16 July 1991

(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

MEMORANDUM FOR: MR. ROBERT W. HALL  
MR. FRED V. ALSTIN  
MS. DEBRA MARTIN

SUBJECT: Appointment as Drug Testing Observer

1. As required by USMEPCOM Reg 40-8, 1 Apr 91, Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Program, you are appointed drug testing observers for the Chicago Military Entrance Processing Station (MEPS).
2. You will perform all duties in strict compliance with the guidelines established in the reference. You may be required to submit statements or give testimony in legal proceedings concerning MEPS tests.
3. This appointment will end with termination of your current assignment or at the Commander's discretion.



WILLIAM A. BROWN  
Major, AG  
Commanding

Figure 4-1. Sample drug testing observer appointment memorandum

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(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

MEMORANDUM FOR: MR. ROBERT W. HALL  
MR. FRED V. ALSTIN  
MS. DEBRA MARTIN

SUBJECT: Appointment as Drug Testing Coordinator

1. As required by USMEPCOM Reg 40-8, 1 Apr 91, Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Program, you are appointed drug testing coordinators for the Chicago Military Entrance Processing Station (MEPS).
2. You will perform all duties in strict compliance with the guidelines established in the reference. You may be required to submit statements or give testimony in legal proceedings concerning MEPS tests.
3. This appointment will end with termination of your current assignment or at the Commander's discretion.


  
WILLIAM A. BROWN  
Major, AG  
Commanding

Figure 4-2. Sample drug testing coordinator appointment memorandum

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URINE SAMPLE CUSTODY DOCUMENT										Page Number 1 Number of Pages 2		
1. Submitting Agency UNITED STATES MILITARY ENTRANCE PROCESSING COMMAND				3. Laboratory Name & Address PharmChem, Inc. 1505A O'Brien Drive Menlo Park, CA 94025				4. Return Results To: Chicago MEPS 1700 South Wolf Road Des Plaines, IL 60019-1999 (312) 828-4607 FAX (312) 828-1245				
2. Collection Site & Date Chicago MEPS 910104				A. Laboratory Accession Number				B. Laboratory Results				
No.	5. Submitting Agency's Specimen Identification	6. SSN of Person Providing Specimen	7. Type Test	8. Drugs Tested								
01	54300007	123456789	AT	B								
02	54300008	236660483	AT	B								
03	54300009	334881276	AT	B								
04	54300010	135792468	AT	B								
05	54300011	446135882	AT	B								
06	54300012	036881824	AT	B								
07	54300013	170864818	AT	B								
08			AT	B								
09			AT	B								
10			AT	B								
11			AT	B								
12			AT	B								
9. I certify that I received all specimens and verified for accuracy both the identification on each sample bottle and this Chain of Custody document					C. Specimens Received From		D. Received By		E. Condition: 11 Undamaged 11 Damaged (describe in F)			
Signature of Collection Official <i>Robert Wyhall</i> (Date) 910104												
10. I received specimens from the collection official, properly packaged, sealed and released for shipment					F. Comments/Discrepancies/Reasons Not Tested							
Signature of Releasing Official <i>Robert Wyhall</i> (Date) 910104												
11. Means of Shipment Airborne Express					G. I certify that the findings noted above accurately report testing results. Name, Signature, and Title of Certifying Official (Date)							

USMEPCOM Form 40-8.1, 1 APR 88

Figure 4-3. Sample of a completed USMEPCOM Form 40-8-3

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INSTRUCTIONS				Page Number 2 Number of Pages 2
<b>SUBMITTING AGENCY INSTRUCTIONS</b>  <i>Block number:</i> 1. Name of submitting agency 2. Location of collection site and date 3. Testing Laboratory's mailing address 4. Address, Telephone, Fax to which results are sent 5. Specimen number assigned to each specimen (bar code label permitted) 6. Full Social Security number of person from whom specimen was obtained 7. Enter code for type of test as follows: AT = Applicant Testing RT = Random Testing RS = Reasonable Suspicion Testing RA = Counseling/Rehabilitation Testing SA = Safety, Mishap, Accident Testing VT = Voluntary Testing 8. Enter letter designations as follows: A = THC, Cocaine, Amps, PCP, OP1 B = THC, and Cocaine C = Other Drugs (Specify in Remarks Section)		9. Name/Signature of collection official and date certified 10. Name/Signature of official releasing specimen(s) for shipment, and date shipped 11. Indicate means of shipment (e.g., USPS, Federal Express)  <b>LABORATORY INSTRUCTIONS</b>  <i>Block number:</i> A. Sequential assigned laboratory accession Number (Bar Code Label Permitted) B. Indicate Laboratory Result C. Indicate the Accountable Mode of transportation utilized in Shipping the Specimen D. Name/Signature of laboratory official receiving the shipment and date received E. Indicate condition of shipping container; if damaged, describe damage in Block F F. Self-explanatory G. Printed name, signature, title of certifying official and date certified		
REMARKS:				
CHAIN OF CUSTODY				
DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE REMARKS	
9/10/04 1100	SIGNATURE <i>Robert W. Hall</i> NAME ROBERT W. HALL	SIGNATURE <i>Debra Martin</i> NAME DEBRA MARTIN	Coordinator went home - illness	
9/10/04 1110	SIGNATURE <i>Debra Martin</i> NAME DEBRA MARTIN	SIGNATURE <i>Temporary Storage</i> NAME TEMPORARY STORAGE	awaiting shipment	
9/10/04 1130	SIGNATURE <i>Temporary Storage</i> NAME TEMPORARY STORAGE	SIGNATURE <i>George Wilson</i> NAME GEORGE WILSON	Shipment	
	SIGNATURE NAME	SIGNATURE NAME		
	SIGNATURE NAME	SIGNATURE NAME		
	SIGNATURE NAME	SIGNATURE NAME		
	SIGNATURE NAME	SIGNATURE NAME		
	SIGNATURE NAME	SIGNATURE NAME		
	SIGNATURE NAME	SIGNATURE NAME		

USMEPCOM Form 40-8-3, 1 APR 88

Figure 4-3. Sample of a completed USMEPCOM Form 40-8-3 (Reverse)--continued

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Page <u>1</u> of <u>1</u> Date of Action <u>4 Jan 91</u>				DRUG TESTING CONTROL LOG (For use of this form see USMEPCOM Reg 40-8)		FOR OFFICIAL USE ONLY	
NO	SPECIMEN ID NUMBER	SSN	SIGNATURE OF APPLICANT	SIGNATURE OF OBSERVER			
01	54300007	123456789	John Doe	<del>John Doe</del>			
02	54300008	236600483	Gary V. Phillips	<del>John Doe</del>			
03	54300009	334881276	Charles L. Lullis	<del>John Doe</del>			
04	54300010	135792468	Nancy Rivera	Debra Martin			
05	54300011	446135882	Joe Williams	<del>John Doe</del>			
06	54300012	036881824	David A. Lutz	<del>John Doe</del>			
07	54300013	170564818	David Winter	<del>John Doe</del>			
08							
09							
10							
11							
12							

Signature of the applicant indicates the Specimen ID Number on this log has been verified by the applicant as the same as the Specimen ID Number on both the Urine Sample Custody Document and the urine specimen container; and the SSN is the number provided by the applicant to the MEPS. Signature of the Observer indicates that, to the best of his/her knowledge, the urine specimen was donated by the applicant, provided directly to the Drug Testing Coordinator, and was neither contaminated nor altered in any way.

USMEPCOM Form 40-8-4-R, 1 Apr 91

Replaces USMEPCOM Form 40-8-2, 1 Apr 88, which is obsolete

Figure 4-4. Sample of a completed USMEPCOM Form 40-8-4-R

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URINE SAMPLE CUSTODY DOCUMENT STATEMENT OF CORRECTION	
(For use of this form, see USMEPCOM Reg 40-8)	
FROM: <i>Chicago Mops</i> PHONE: <i>(312) 686-4664</i>	TO: HQ USMEPCOM ATTN: MEPCOPT-O-E
AN ADMINISTRATIVE ERROR WAS DISCOVERED ON THE FOLLOWING URINE SAMPLE CUSTODY DOCUMENT. USCD DATE: <i>4 Jan 1991</i> BEGINNING SSN: <i>123-45-6996</i> ENDING SSN: <i>704-64-8124</i> (USE ADDITIONAL FORMS FOR EACH ERRONEOUS URINE SAMPLE CUSTODY DOCUMENT)	
NATURE OF ERROR: <i>Date missing in block # 2.</i> <i>Date should read 910104.</i>	
ACTION TO PRECLUDE RECURRENCE: <i>Training class on 8 January 1991.</i>	
SIGNATURE OF DAT COORDINATOR: <i>Fred V. Alstin</i>	SIGNATURE OF DAT REVIEWER: <i>Debra Martin</i>
COMMANDER'S CERTIFICATION: I have talked with all parties involved concerning their duties. The importance of strict controls over all aspects of this program has been stressed. Recurrences will not be tolerated. Additional training has been scheduled.	
COMMANDER'S NAME AND SIGNATURE: <i>William A. Brown</i> <i>WILLIAM A. BROWN</i>	DATE: <i>8 January 1991</i>

USMEPCOM FORM 40-8-5-R, 1 Apr 91

Figure 4-5. Sample of a completed USMEPCOM Form 40-8-5-R  
4-17

16 July 1991

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

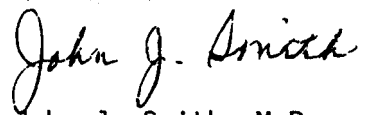
This letter is to notify you that as a result of your recent medical examination at the Chicago Military Entrance Processing Station (MEPS), you are ineligible for entry into the Armed Forces of the United States.

A urine test was taken as part of your preaccession medical examination at the MEPS to determine your eligibility for military service. Test results show there was a disqualifying amount of (enter drug) in your urine at that time. To make sure, the test was repeated and again obtained disqualifying results.

You are not eligible for military service for a period of (enter period of ineligibility). I know this is disappointing to you, but most importantly, you should seek medical advice concerning the use of drugs. Please understand I am not implying you have a problem with drug addiction--only that you are ineligible for military service because of drug use.

Please contact one of the drug and alcohol treatment facilities on the attached list for guidance.

Sincerely,

A handwritten signature in black ink that reads "John J. Smith". The signature is written in a cursive, slightly slanted style.

John J. Smith. M.D.  
Chief Medical Officer

Attachment

Figure 4-6. Sample applicant notification letter for drug disqualification

## **Chapter 5**

### **Conducting HIV Testing**

#### **Section I**

##### **Conducting the Initial Test**

##### **5-1. USMEPCOM Form 40-8-1**

Since this is a very sensitive and legally restricted program, every person receiving an HIV test at the MEPS must complete and sign a USMEPCOM Form 40-8-1 (HIV Antibody Testing Acknowledgment Form) before the test is conducted. This form is referred to in this regulation as the "acknowledgment form." Do not conduct any tests until applicants complete and sign acknowledgment forms. Employees of the MEPS are specifically prohibited from completing any portion of the acknowledgment form. This includes printing or stamping the date. Applicants who refuse to complete and sign the acknowledgment form are barred from further processing. Applicants who change their minds and decide to sign the acknowledgment form may return to test later at the MEPS commander's discretion.

##### **5-2. Preprinted medical specimen number identification labels**

Preprinted medical specimen number identification labels are referred to in this regulation as "specimen labels." Assign a different specimen label to each applicant. When HIV testing is complete, staple remaining specimen labels to the SF 88 to use for drug testing.

##### **5-3. USMEPCOM Form 40-8-6-R (HIV Control Log)**

The USMEPCOM Form 40-8-6-R is referred to in this regulation as the "control log." Complete the control log, figure 5-1, as follows:

- a. Print the date of test at top of page.
- b. Apply specimen label to the first block.
- c. Print applicant's last name, first name, and middle initial in the second block.
- d. Print the applicant's social security number in the third block.
- e. At the end of the day, file the control log as required by USMEPCOM Reg 601-23, paragraph 9-12.
- f. The laboratory will complete all other blocks.

##### **5-4. Contractor-supplied screening record**

The contractor-supplied screening record is referred to in this regulation as the "screening record." Complete the record, figure 5-2, as follows:

- a. Print, type, or stamp the MEPS name and address. in block marked "submitting agency."



- b. Apply specimen labels consecutively to blocks marked "specimen number."
- c. Leave other entries blank until testing is finished for the day.
- d. Specimen labels on the screening record must match specimen labels on the control log.

**5-5. Complete the SF 88**

Complete item 50, figure 5-3, as follows:

- a. Record test date above "first specimen."
- b. Apply specimen label to space marked "first specimen."
- c. Be sure this specimen label matches the specimen labels on the control log and screening record.

**5-6. Drawing blood**

- a. Fill 7 cc serum separator test tube.
- b. Apply specimen label to tube. Be sure this specimen label matches the control log, screening record, and SF 88.
- c. Invert tube several times to mix clot activator with blood.
- d. Let blood sit at least 25 minutes, but not longer than 1 1/2 hours.
- e. Spin clotted specimen in clinical centrifuge. Spin at 2000-3000 revolutions per minute (1000 to 1300Gs) for at least 5 minutes. Do not let blood sit until the end of the day.
- f. Use a drop of serum for rapid plasma reagent test. Place the rack holding serum separator tubes so that the pipette does not pass over any other sample.
- g. Pour at least 3 ccs of serum into the serum shipping tube and cap firmly.
- h. Do not send hemolyzed specimens (red or pink tinged serum) to the laboratory. If this occurs, draw a new specimen and repeat process.

**5-7. Labeling shipping tubes**

- a. Apply matching specimen label to serum shipping tube.
- b. Ensure the specimen label matches specimen labels on the 7 cc serum separator tube, SF 88, control log, and screening record.

**5-8. Package specimens for shipment**

a. Prepare specimen boxes.

(1) Place 5 cc serum shipping tubes in 20-well specimen boxes. Place first specimen in A1, fill to A5, and continue to other rows.

(2) Tape the box lid. Pull lid across top of tubes; do not push tubes through holes in box lid. Secure with one strip of cellophane tape. Do not use filament tape or wrap tape around box.

b. Secure specimens in plastic bag.

(1) Lay plastic bag flat. Place a sheet of absorbent paper in bag.

(2) Place up to four specimen boxes on top of absorbent paper in each bag. Place another sheet of absorbent paper on top of boxes.

c. Secure for shipping.

(1) Select tamper proof seal. Record number on screening record.

(2) Complete "prepared for shipment" block on screening record with name and date. Make a copy of the screening record for MEPS file. Both the MEPS representative and courier will sign the screening record to verify contents of the container and date of shipment. Place the original screening record inside the plastic bag.

(3) Close ziplock bag and twist neck of bag as small as possible.

(4) Attach tamper proof seal. Thread beaded "tail" through section marked "enter." Do not pull, break, or cut seal. Do not punch holes in the bag or try to thread the seal through the sides of the bag.

(5) Put sealed plastic bag in box. Use wrapping paper or newspaper to keep bag from sliding around in box.

(6) Seal box by wrapping filament tape once around box.

(7) Complete airbill and attach to box.

(8) Attach a colored sector sticker to outside of box. Because of the difference in time zones, the laboratory tests by sector--Eastern Sector specimens are first, Central Sector specimens are next, and Western Sector specimens are last. The colored sticker tells the laboratory which specimens to test first.

(9) Have the courier sign the airbill. Do not allow the courier to leave with specimens unless the airbill is signed.

(10) Attach a copy of the airbill to a copy of the screening record and file as required by USMEPCOM Reg 601-23, paragraph 9-12.

(11) Do not leave specimens unattended at any time unless specimens are secured in a locked container.

#### **5-9. Administrative processing**

a. Accomplish the following immediately after completion of medical processing:

(1) Retain original SFs 88 and 93 in a secure file in the medical section. Suspend files to ensure timely results..

(2) Provide reproduced copies of the SFs 88 and 93 with "working copy" overprint (figure 5-4) to the Service liaison to enlist or access people into the DEP, Reserve, or National Guard, while tests are pending.

(3) Enter all medical examinations, including nonapplicants, on USMEPCOM Form 727 (Applicant Processing List).

(4) Reconcile the control log, screening record, and all SFs 88 to be sure all tests were conducted and all specimen labels match the appropriate documents.

b. Keep all medical documents in the medical section until final results are received, posted on all documents, and entered into MEPRS.

#### **5-10. First test results**

The laboratory will return screening records with the following results:

a. Negative results show the ELISA screen was negative. Further tests were not performed. The laboratory indicates negative results by marking "N" in the ELISA block next to the specimen number tested.

b. Pending results mean the initial screening ELISA was reactive when retested and is considered positive. The laboratory shows positive ELISA results by marking "P" (pending confirmation) on the screening record in the ELISA results block next to the specimen number tested. Do not ship applicants with results pending confirmation under any circumstances.

c. Positive results mean the ELISA screen was positive and was confirmed by Recombinant ELISA and Western Blot tests. When the confirmation test is complete, the laboratory will show positive results by marking "POS" (positive) in the confirm block next to the specimen number tested. Do not ship applicants with positive results under any circumstances.

d. Indeterminate results show the ELISA screen was positive, but either or both the Recombinant ELISA and Western Blot screens were negative. In

this case, the contracting laboratory marks "I/" on the screening record as an interim report and sends both the Western Blot and serum specimen to WRAIR for further review. The WRAIR must conduct several tests on the specimen to determine the final result. Indeterminate specimens may remain at WRAIR for up to 30 days before final results are reported. Those results will eventually change to negative or positive and be provided by WRAIR to the contracting laboratory for transmission to the MEPS. Do not ship applicants with indeterminate results under any circumstances.

e. Cancellation codes mean the specimen is unsuitable for testing. The laboratory uses these codes to report specimen rejections to the MEPS; they are not MEPRS codes and will not be recorded on any record at the MEPS. These applicants must return to the MEPS and have specimens redrawn. Use a new specimen number when these specimens are redrawn. Do not enlist or ship applicants whose specimens have been cancelled until the specimen is redrawn, tested, and negative results reported. The following codes apply:

- (1) R-1 - specimen is of insufficient quantity for testing.
- (2) R-2 - specimen is hemolyzed--red blood cells are dissolved (pink or red tinged serum).
- (3) R-3 - specimen lacks identification--either the specimen label on the shipping tube or screening record is missing.
- (4) R-4 - specimen is contaminated--foreign matter in the specimen.
- (5) R-5 - specimen is lipemic--excess fats are present.
- (6) R-6 - specimen is coagulated--blood is too viscous for testing.
- (7) R-7 - specimen is listed on the screening record but is not present in shipment.

#### **5-11. Transmitting results**

The contracting laboratory will transmit all results to the MEPS by contractor-provided facsimile machine. Negative results will normally return in 1 workday. Positive results will normally return in 3 workdays. Indeterminate results will normally return in 30 days. If results do not return in these timeframes, contact the customer service representative at the laboratory and ask to have results retransmitted. If results are not received by the MEPS within 2 hours, call the sector for help. Advise the sector program manager each time the laboratory is contacted. See section V for more information.

#### **5-12. Posting and verifying results**

The medical section is responsible for posting all results. The commander will appoint a person, in writing, to verify test results have been received and posted correctly. This person may be a military member or a

civilian employee (rank or pay grade is not significant). The person appointed must pay close attention to detail, since this is a vitally important step. Use the sample memorandum at figure 5-5.

**5-13. Posting ELISA negative results**

The medical section will accomplish the following within 1 workday:

- a. Annotate the control log with "NEG" or "NEGATIVE" to reflect ELISA negative results.
- b. Annotate the HIV block in the stamp in item 50 of the SF 88 with "NEG." Mark "5B" in the code block.
- c. Enter HIV results code "5B" into MEPRS.
- d. Distribute medical documents.

(1) Provide original SFs 88 and 93, etc., for DEP-ins and Reserve or Guard accessions to Service liaisons within 1 workday. Applicants cannot DEP-out or ship until documents are released to the Services.

(2) Return all other documentation showing ELISA negative results to the files room for inclusion in the applicant's file.

**5-14. Posting ELISA positive results**

The medical section will annotate the control log to show results are pending. Accomplish this within 1 workday. Do not post ELISA positive (pending) results on the SF 88 until confirmed Western Blot test results are received. Keep all SFs 88 and associated documents in a separate and secure file pending Western Blot results. Maintain this file in the medical section. No further action is required at this time.

**5-15. Posting Western Blot negative results**

The medical section will accomplish the following within 1 workday:

- a. Annotate the control log with "NEG" or "NEGATIVE" to show negative Western Blot results.
- b. Post results in item 50 of the SF 88. Mark "5C" in the code block.
- c. Deliver DEP-in/Reserve/Guard accession documents within 1 workday. Enlistees cannot DEP-out or ship until Services receive documents.
- d. Return applicant medical records to the files room.
- e. If Reserve Officer Training Corps (ROTC) personnel, etc., receive tests, forward copies of documents to the requesting authority with DA Form 200 (Transmittal Record). Maintain a complete copy of the medical record and DA Form 200 at the MEPS.

**5-16. Posting indeterminate results**

Do not annotate indeterminate results on the SF 88. Keep the SF 88 and all related medical documents in a separate and secure file in the medical section until final results are received. Advise the counselor within 1 workday that the test requires further evaluation and the applicant must not be projected before final results return.

**5-17. Posting Western Blot positive results**

Using the checklist at figure 5-6 for all Western Blot positives, the medical section will accomplish the following within 1 workday:

- a. Annotate the control log with "POS" or "POSITIVE."
- b. Annotate item 50 of the SF 88 with positive Western Blot results. Enter "5D" in the code block.
- c. The CMO, or acting CMO, will enter "5D" in item 78 of the SF 88 for medical disqualification and change the entry under the "P" in PULHES to "3." Make all other entries on the SF 88 as required by USMEPCOM Reg 40-1.
- d. Enter HIV results code "5D" into MEPRS. Complete all MEPRS entries. Generate USMEPCOM PCN 714 ADP and stamp "WB Positive."
- e. Deliver all documents to the MEPS commander for final review.

**5-18. Accepting results from other sources**

Tests conducted outside the MEPS are acceptable for Air Force Officer Training School candidates if tests bear the Air Training Command Surgeon's Acceptance Stamp and the stamp is dated after the date of test.

**5-19. Notification responsibility**

These procedures apply to all persons tested at the MEPS.

- a. If an HIV test is conducted at the MEPS, the CMO or acting CMO will notify the person of positive results in the presence of the commander or acting commander. Do not pass notification responsibility to another person or command (other than another MEPS) under any circumstances.
- b. The testing facility is responsible. for any tests conducted outside the MEPS. Do not accept notification responsibility for any test conducted outside the MEPS (except at another MEPS), regardless of circumstances.

**5-20. Advising the applicant to return to the MEPS**

Accomplish the following within 1 workday of receipt of confirmed positive results:

- a. The CMO must send a registered letter (figure 5-7) advising the applicant a serious condition exists and instructing the applicant to contact the recruiting Service immediately for transportation to the MEPS.

Set a 15-day suspense for return receipt. The CMO, or acting CMO, must sign this letter--signatures of other personnel are prohibited.

b. The commander must send a copy of the applicant's letter to the recruiting Service commander. Mark this letter (figure 5-8) "For Official Use Only" as required by AR 340-17. The commander will call the recruiting Service commander to advise a letter is coming and schedule an appointment for the applicant to return. The commander, or acting commander, must sign this letter--other signatures are prohibited. For Army Chaplain candidates, notify the Staff Chaplain, Headquarters, Force Command (FCCH), Fort McPherson, GA 30330-6000. Call the Staff Chaplain at (404) 752-2692 or Defense Switch Network 572-2692 to advise a letter is coming, and schedule an, appointment for the chaplain candidate to return.

c. If applicants acknowledge receipt of the letter but do not return within 30 days of receipt date, send the sample notification letter at figure 5-9. This letter informs applicants of positive results and asks them to return to the MEPS. Include USMEPCOM Form 40-8-7 (Facts About HIV), figure 5-10, and a list of health care facilities. If the applicant is a minor, send the letter at figure 5-11 to the parents or legal guardians. Suspend the second letter with a 15-day limit and close the case if there is no response.

d. If the first letter is unacknowledged or registered receipt card does not return, solicit recruiting service assistance. Use the letter at figure 5-12.

e. If the applicant is located, continue with notification procedures. If the applicant is not located or refuses to return, close the case.

#### **5-21. Attendance at notification interviews**

When the applicant returns to the MEPS, conduct a private interview with the CMO, commander, and applicant in attendance. Allow spouses of married applicants to attend at the applicant's request. Allow parents or legal guardian of minor applicants to attend at their request. Married minors are emancipated--allow the spouse to attend at the applicant's request instead of the parents or legal guardians. Never permit recruiting Service or other MEPS personnel to attend the interview.

#### **5-22. Personal notification interview**

Accomplish the following during the notification interview:

a. Notify the applicant of permanent medical disqualification because of positive HIV results. Use the checklist at figure 5-13.

b. Offer the applicant a second test to confirm the results of the first test. Strongly recommend the applicant consent to a second test.

c. If the applicant accepts a second test, complete the interview and conduct the test immediately. Follow the procedures of paragraphs 5-30 and 5-31 for drawing blood, packaging, and forwarding the specimen.

d. If the applicant declines the second test, continue with the interview. After completion of the interview, annotate the applicant's SFs 88 and 93 to show the applicant declined a second test. Update MEPRS.

e. Always provide the applicant with an originally typed letter (figure 5-14) stating the applicant is medically disqualified.

f. Provide a copy of USMEPCOM Form 40-8-1-R.

g. If State agencies provide the MEPS with current local health care facilities, provide this list to the applicant and encourage the applicant to seek further evaluation. Do not recommend a specific health facility. All such lists will contain the following disclaimer:

"This list was provided by the State Department of Health. Facilities are not affiliated with or endorsed by the Department of Defense."

h. If such lists are not available from State agencies, the MEPS will compile a list and provide to the applicant. Make every effort to ensure health care facilities listed will not discredit the Government. All such lists will contain the following disclaimer:

"Listed organizations are not affiliated with or endorsed by the Department of Defense."

i. If the applicant is a minor and not accompanied by parents or legal guardians, send a registered letter to the parents or legal guardians within 1 workday of the notification interview. Send the letter at figure 5-15 if a second test was conducted. Send the letter at figure 5-16 if the minor declined a second test. If the applicant was a minor during medical processing, but reached the age of 18 before the notification interview, do not send a letter to the parents or, legal guardians.

### **5-23. Arrange to return applicants to their homes**

Recruiting Service personnel will escort applicants home. Allow applicants to return home alone if they specifically request to do so and appear to be in control of the situation. Contents of the interview will not normally be discussed with recruiting Service personnel. However, the commander, or acting commander, will advise the recruiting Service commander if the applicant becomes aggressive or reacts violently to the notification. Do not put the recruiter in the position of transporting such a person without previous knowledge of the situation. Make every effort to return the applicant home on the day of the interview. If applicants cannot return home on the same day, keep them in the contract facility and conduct the notification interview first thing the next day.



**Section II**  
**Conducting Second Tests****5-24. Authority to conduct second tests (redraws)**

Conduct second tests only if the first test is confirmed positive, the CMO has notified the applicant of positive first test results, and the applicant has consented to a confirmation test. Do not, under any circumstances, draw blood before the notification interview is complete and the applicant agrees to a second test.

**5-25. HIV Testing Acknowledgment Form**

Do not have applicants complete and sign another acknowledgment form for a second test. Signing the acknowledgment form for the first test is sufficient.

**5-26. White preprinted medical specimen labels**

Assign a different white preprinted specimen label to each redraw. These are white contractor-supplied specimen labels with the MEPS ID printed in bold numbers on the label. Complete the specimen label by printing, in ink, the redraw number (the first redraw will be 1R, the second redraw will be 2R, etc.), followed by the last digit of the year and the Julian date (show 4 January 1991 as 1004). The complete specimen number for the first redraw conducted at Chicago MEPS on 4 January 1991 would be 54-1R1004. The complete specimen number for the second redraw conducted at Chicago MEPS on that same day would be 54-2R1004. Do not use blue preprinted specimen labels for redrawn specimens.

**5-27. HIV Control Log**

Complete the control log as shown in paragraph 5-3. Show redraws on the same control log as initial tests. File as shown in USMEPCOM Reg 601-23.

**5-28. Screening record**

Complete the screening record as prescribed in paragraph 5-4. Do not enter redraws on the same screening record as first tests.

**5-29. Complete the SF 88 Complete item 50 as follows:**

- a. Record the test date in item 50 above space marked "second test."
- b. Apply white specimen label to space marked "second specimen."
- c. Compare this specimen label to the control log and screening record.

**5-30. Drawing blood**

Draw blood and process as prescribed in paragraph 5-6.

**5-31. Prepare specimens for shipment**

a. Prepare specimen tubes as follows:

(1) Label 5 cc shipping tubes. Compare the specimen labels on the control log, screening record, and SF 88.

(2) Pour at least 3 cc serum into 5 cc shipping tube and close the cap securely.

(3) Use only cigar shaped outer shipping tubes. Place cotton in the bottom of the tube. Place 5 cc shipping tube inside cigar shaped tube. Place cotton between 5 cc shipping tube and opening of cigar shaped tube. Cap the cigar shaped tube and secure with one strip of cellophane tape across the end of the tube. Do not use filament tape or wrap tape around tube.

b. Secure specimens in plastic bag.

(1) Lay plastic bag flat.

(2) Place a sheet of absorbent paper in bag.

(3) Place all redraws in the same plastic bag on top of the paper.

c. Secure for shipping.

(1) Select tamper proof seal. Record seal number in space provided on screening record.

(2) Put name and date in "prepared for shipment" block on screening record. The MEPS representative and courier will sign the screening record verifying container contents and shipment date. File a copy of the screening record in medical. Place original screening record inside plastic bag.

(3) Close ziplock bag and twist neck of bag as small as possible.

(4) Wrap tamper proof seal around neck of bag. Thread beaded "tail" through section marked "enter." Do not pull, break, or cut seal. Do not punch holes in the bag or thread the seal through the sides of the bag.

(5) Put plastic bag in box with all other specimens drawn that day. Keep other specimens together in a separate plastic bag. Use wrapping paper or newspaper to keep bag from sliding around in box.

(6) Complete airbill and attach to box.

(7) Attach colored etiologic sticker to box. If the shipment contains specimens known or believed to be positive HIV, this sticker must be attached to the outer container next to the address label.

(8) Attach colored sector sticker to outside of the box.

(9) Have the courier sign the airbill. Do not allow the courier to leave with specimens unless the airbill is signed.

(10) Attach a copy of the airbill to the screening record and file as required by USMEPCOM Reg 601-23, paragraph 9-12.

#### **5-32. Administrative processing**

Retain original SFs 88 and 93 in a secure file in the medical section. Do not release any further information to the Services until results are confirmed. Post final results on all documents and enter into MEPRS.

#### **5-33. Second test results**

The contracting laboratory will return second test results the same as first test results. Positive results will normally return in 3 workdays. Indeterminate results will normally return in 30 workdays.

#### **5-34. Posting positive results**

Medical section will accomplish the following within 1 workday:

- a. Annotate control log with "POS" or "POSITIVE" for positive results.
- b. Mark confirm test block in item 50 for confirmed positive results. Enter "POS" or "POSITIVE" under confirm test. Enter "5D" in code block.
- c. The CMO, or acting CMO, will enter "5D" in item 78 of the SF 88 to show medical disqualification. Change the "P" in PULHES to "3P." Make all other entries on the SF 88 as required by USMEPCOM Reg 40-1.
- d. Enter HIV results code "5D" into MEPRS and complete all MEPRS transactions. Stamp USMEPCOM PCN 714 ADP "WB Positive."
- e. Deliver all records to the MEPS commander for final review.

#### **5-35. Notification of confirmed positive results on second test**

Accomplish the following within 1 workday of notification of confirmed positive results:

- a. Send a registered letter (figure 5-17) to the applicant advising that results of the second test were confirmed positive. The CMO or acting CMO must sign this letter--signatures of other personnel are prohibited.
- b. The commander must send a letter (figure 5-18) to the recruiting service commander advising the applicant is permanently medically disqualified. Attach a copy of the SF 88 showing positive results.
- c. Use the following addresses to notify the commanders of inservice applicants and nonapplicants:

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(1) For Air Force Health Professions Scholarship Program members, notify Headquarters, Air Force Military Personnel Command, Randolph Air Force Base, Texas 78150-6001. Mark the outer envelope "EYES ONLY MEDICAL ACCESSION PERSONNEL" in the lower left corner.

(2) For Navy, Marine Corps, and Air Force Reserve and Air National Guard, notify the local recruiting Service commander. Mark the outer envelope "EYES ONLY COMMANDING OFFICER" in the lower left corner.

(3) For National Guard personnel, send the letter to the State Military Personnel Officer. Mark the outer envelope "EYES ONLY HIV POC" in the lower left corner.

(4) The Commander, First U.S. Army, is responsible for reservists in Virginia, West Virginia, Maryland, Delaware, New Jersey, Pennsylvania, New York, Vermont, Massachusetts, Connecticut, Maine, District of Columbia, New Hampshire, and Rhode Island. Send notification letters to Commander, First U.S. Army, ATTN: AFKA-PR-R (HIV POC), Fort Meade, MD 20783.

(5) The Commander, Second U.S. Army, is responsible for reservists in Kentucky, Tennessee, North Carolina, South Carolina, Mississippi, Alabama, Georgia, Florida, and Puerto Rico. Send notification letters to Commander, Second U.S. Army, ATTN: AFKD-PRH (HIV POC), Fort Gillem, GA 30050.

(6) The Commander, Fourth U.S. Army, is responsible for reservists in Minnesota, Iowa, Wisconsin, Illinois, Indiana, Ohio, and Michigan. Send notification letters to Commander, Fourth U.S. Army, ATTN: AFKE-RR-PM-P (HIV POC), Fort Sheridan, IL 60037.

(7) The Commander, Fifth U.S. Army, is responsible for reservists in Nebraska, Kansas, Missouri, New Mexico, Oklahoma, Arkansas, Texas, and Louisiana. Send notification letters to Commander, Fifth U.S. Army, ATTN: AFKB-MD (HIV POC), Fort Sam Houston, TX 78234.

(8) The Commander, Sixth U.S. Army, is responsible for reservists in Washington, Oregon, Idaho, Montana, North Dakota, Wyoming, South Dakota, California, Nevada, Utah, Colorado, Arizona, Alaska, and Hawaii. Send notification letters to Commander, Sixth U.S. Army, ATTN: AFKC-MD (HIV POC), Presidio of San Francisco, CA 94129.

(9) The Commander, U.S. Army Reserve Personnel Center, is responsible for all individual ready reservists. Send notification letters to the Commander, U.S. Army Reserve Personnel Center, ATTN: DARP-PAT-P (HIV POC), 9700 Page Boulevard, St. Louis, MO 63132-5200.

(10) For inservice ROTC cadre, send notification letters to the Professor of Military Science for Army, Professor of Naval Science for Navy and Marine Corps, and Professor of Aerospace Science for Air Force.

(11) The Staff Chaplain, Headquarters, Forces Command, is responsible for Army Chaplain Candidates. Send notification letters to the Staff Chaplain, Headquarters, Forces Command (FCCH), Fort McPherson, GA 30330-6000.

#### **5-36. Notifying the States**

Some States require notification of positive results. States must submit written requests to the Command Judge Advocate, HQ USMEPCOM, for approval. The Command Judge Advocate will notify both the State and MEPS in writing when the request is approved. Use USMEPCOM Form 40-8-8-R, figure 5-19, to provide such information to the states. Do not use forms provided by the State or local health agency or provide any information not contained on USMEPCOM Form 40-8-8-R. Send the form to the designated state or local health agency by registered mail, return receipt requested. File a copy of the completed form and return receipt in the positive HIV file as required by USMEPCOM Reg 601-23, paragraph 9-13. Provide results to the States only if the following conditions are met:

a. Release of information was approved, in writing, by the Command Judge Advocate.

b. Second test was conducted and final positive results received. If the applicant declined a second test, then use first positive Western Blot results for notification.

c. Applicant was notified of final positive results in writing.

#### **5-37. Reversals**

a. If second tests are confirmed negative, contact the Command Surgeon without delay. Do not notify the applicant or recruiting Service, either by telephone or mail, unless specifically directed to do so. The Command Surgeon will ask the Chief of Virology, WRAIR, to compare the initial and confirmation Western Blots.

b. The Command Surgeon will advise the MEPS of the following:

(1) If the original Western Blot was a weak positive and the confirmation test was a weak negative, the Command Surgeon will direct the MEPS commander to notify the applicant of negative results.

(2) If the initial Western Blot was a strong positive and the confirmation test was a strong negative, the Command Surgeon will direct the MEPS commander to draw a third sample and submit for testing. The commander must review all procedures for compliance with this regulation and institute sound laboratory procedures.

c. If the Command Surgeon confirms a reversal, ensure all documents, including letters and the USMEPCOM PCN 714 ADP, referring to positive

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Western Blot results are maintained in a separate, secure file. Do not alter entries on the SF 88 to conceal or change previous testing data if those entries refer to positive results. Enter "5C" into MEPRS. There is no need for a DA Form 1613 (Cross Reference Sheet) in the files room.

d. Submit serious incident reports as soon as the negative Western Blot is indicated on the screening record. Continue serious incident reports when the third test is drawn, and when the reversal is confirmed. Document all information concerning the reversal, including initial and subsequent test specimen numbers, dates of all tests, and the social security number of the applicant on all serious incident reports.

#### **5-38. Notification of negative results**

Accomplish the following within 1 workday after the Command Surgeon confirms negative results:

a. The CMO must send a registered letter (figure 5-20) to the applicant advising that results of the second test were confirmed negative. If the applicant is a minor, send the letter at figure 5-21 to the parents or legal guardians. Send the letter at figure 5-22 if results are negative, but minor is otherwise disqualified. The CMO or acting CMO must sign these letters--signatures of other personnel are forbidden.

b. The commander must send a memorandum (figure 5-23) to the recruiting Service commander advising that the applicant may return for processing unless otherwise disqualified. Send the memorandum at figure 5-24 if results are negative, but the applicant is otherwise disqualified. Attach a copy of the SF 88 showing negative results.

c. The commander, CMO, or acting CMO, must telephone the applicant to advise that results of the second test were confirmed negative. It is not appropriate for other personnel to make this call.

#### **5-39. Posting negative results**

Accomplish the following when USMEPCOM Surgeon confirms negative results

a. Annotate the HIV control log with "NEG" or "negative" to reflect negative ELISA and Western Blot results.

b. Annotate the HIV block in the stamp in item 50 of the SF 88 with "NEG." Annotate "5C" in the code block.

c. Enter medical failure code "5C" into MEPRS.

d. Distribute medical documents.

(1) Provide original SFs 88 and 93 to the Service liaison within 1 workday. Enlistees cannot be projected for DEP-out or shipping until documents are released to the Service.

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(2) Return applicant medical records to the files room.

(3) Distribute documentation as indicated in appendix A.

(4) If medical examinations are conducted for ROTC personnel, etc., forward copies of documentation to the requesting authority with DA Form 200 (Transmittal Record). Maintain a complete file copy of the medical record and DA Form 200 in the MEPS.

#### **5-40. Change of applicant location**

Accomplish the following if applicants with positive results move into another MEPS' area of responsibility:

a. Contact the MEPS responsible for the area covering the applicant's new location. Both MEPS must keep sectors advised of such changes.

b. Provide the gaining MEPS with the applicant's full name and address, social security number, specimen number, date of test, complete copies of the medical examination, and any other important information.

c. The gaining MEPS will complete the testing and notification process. Once complete, the gaining MEPS will provide copies of all documents to the original MEPS. The original MEPS will advise the local recruiting Service to take discharge action. Use the original specimen number for all reporting purposes.

#### **5-41. Registered mail procedures**

Registered mail is more expensive than other means, but provides the best accountability over the shortest period of time. Use registered mail for all individual positive HIV notifications. Use Postal Service Form 3811 (Return Receipt, Requested) so the actual date of delivery will be recorded. Place the statement "Address Correction Requested" under the MEPS address to ensure any new address is recorded. If a letter is not delivered or the receipt is not returned, initiate tracer action through the post office.

#### **5-42. Army Board for Correction of Military Records**

Persons being reinstated or reenlisted as a result of action by the Army Board for Correction of Military Records will process through the MEPS. If this person is Western Blot positive, notify the Sector Surgeon immediately. The Sector Surgeon will contact Headquarters, Department of the Army (DAPE-MPA) for final determination.

### **Section III**

#### **Situation Reports (SITREPs)**

#### **5-43. Purpose of SITREPs**

Use SITREPs to keep the sector and HQ USMEPCOM up to date on positive tests and the status of retesting. These reports are also used to compile statistical data.

**5-44. Occasions requiring SITREPs**

All SITREPs must be submitted over the USMEPCOM message network within 2 workdays of receipt of reportable information. Address SITREPs to the sector with an information copy to MEPCOPT-O-E. Do not, under any circumstances, include the name of the person tested on any SITREP.

a. Submit a SITREP, figure 5-25, after receipt of positive Western Blot results. Be sure SITREP includes the specimen number, social security number, date of initial test, and date Western Blot results were received. Do not include any other information.

b. Submit a SITREP, figure 5-26, if the applicant returns and consents to a second test. Be sure the SITREP includes initial specimen number, date of interview, statement that the applicant consented to a second test, and specimen number of the second test. Do not include other information unless the applicant becomes violent or shows other unusual behavior.

c. Submit a SITREP, figure 5-27, if the applicant returns but declines a second test. Be sure SITREP includes the initial specimen number, date of interview, and that the applicant declined a second test. Do not include any other information unless the applicant becomes violent or shows other unusual behavior. Close the case and indicate final SITREP.

d. Submit a SITREP, figure 5-28, after positive second test results return and the applicant has been notified of final results. Include initial specimen number, final results, date results received, and date applicant was notified. Do not include any other information unless the applicant becomes violent or shows other unusual behavior.

e. Submit a SITREP, figure 5-29, if negative second test results are confirmed by the Command Surgeon. Include initial specimen number, final results, date results received, and date applicant was notified.

f. Submit a SITREP, figure 5-30, if the applicant does not respond to the registered letter or if the registered letter is not delivered and the suspense period has ended. Include the initial specimen number.

**Section IV****Serious Incident Reports****5-45. Occasions requiring serious incident reports**

Serious incident reports are required but are not limited to the following:

a. Reversals. Submit SIRs detailing all circumstances involving reversals. Submit additional SIRs to update and close the case.

b. Missing specimen shipments. If results are not received after 2 workdays, contact the laboratory; provide shipment airbill number and date of shipment; and request tracer action. If the shipment is actually



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missing, submit an SIR giving the above information and number of specimens involved. Retest applicants within 10 days, if possible. The laboratory will bear costs associated with returning to the MEPS for the sole purpose of HIV retesting. Document costs as they occur and report final figures to MEPCRM-L after the last applicant is retested. Do not ship these applicants until they are retested and negative results are received.

c. Adverse publicity. Submit SIRS if adverse publicity (television, radio, newspaper, etc.) concerns general HIV testing or testing at the MEPS. Provide copies of printed adverse publicity or tapes of adverse radio or television publicity to MEPCPAO.

d. Legal action. If legal action is indicated or instituted by an applicant or the parents or legal guardians of a minor, submit SIRs with all available information. If a person brings action against the Government or testing laboratory but does not specifically name the MEPS, submit an SIR if the test in question was conducted at the MEPS.

## **Section V**

### **Communication with the Testing Laboratory**

#### **5-46. Limitation on communication with the laboratory**

Communication with the testing laboratory is deliberately limited. Do not discuss or attempt to establish testing policy with the laboratory. Do not ask the laboratory to void, cancel, or suspend testing of any specimen submitted, including any specimens en route to the laboratory. Only the commander, CMO, and medical noncommissioned officer in charge will contact the laboratory.

#### **5-47. Occasions for contacting the laboratory**

a. Saturday opening. Contact the laboratory at least 48 hours before a Saturday opening. The laboratory will arrange courier pickup.

b. Courier service. Since the courier contract is with the laboratory, not USMEPCOM, the MEPS are not authorized to call or make commitments with the courier. Direct problems with the courier to the laboratory.

c. Supplies. Contact the laboratory if supplies fall to a 2-week operating level. Do not allow supplies to fall below this level. Call the sector program manager if supplies are not replenished within 2 workdays.

d. Late or incomplete facsimile sheets. Call the laboratory if results are not received by the second working morning after tests are conducted. Notify the sector program manager if results are not retransmitted within 2 hours.

e. Lost or missing shipments. Contact the laboratory if results are not received by the second working morning after tests are conducted.

16 July 1991

USMEPCOM Reg 40-8

Provide the exact number of specimens involved, specimen numbers, date and time of pickup, and courier's name. Advise sector program manager of lost specimens.

f. Contact the laboratory when the contractor-provided facsimile machine is inoperative or malfunctioning. Contact the sector program manager if repairs or replacement are not accomplished within 24 hours of contacting the laboratory.

g. Do not, under any circumstances, ask the contractor to void specimens at the laboratory. This specifically includes canceling or suspending testing of specimens, including those already at the laboratory or picked up by the courier, but not received at the laboratory.

**5-48. Documenting contact**

Document every contact with the laboratory through a memorandum for record. Show the date, time, purpose of call, person contacted, and result of call. Keep copies of these memorandums in a separate file in the medical section.

16 July 1991

TEST DATE <u>4 Jan 91</u>		HIV CONTROL LOG						Page <u>1</u> of <u>1</u>	
Contractor Supplied Identification Number	Name	SSN	ELISA RESULT	DATE RECD	CONFIRM RESULTS	DATE RECD	VERIFIED AND RELEASED	RECEIVED	
54300007	Dee, John	123456789	P	5 Jan	Pos	7 Jan	8 Jan	8 Jan	
54300008	Phillips, LV	236660483	Neg	5 Jan			8 Jan	8 Jan	
54300009	Swales, Charles	334881276	Neg	5 Jan			8 Jan	8 Jan	
54300010	Rivera, Nancy	135792468	I/M	6 Jan	Neg	7 Jan	8 Jan	8 Jan	
54300011	Williams, Joe	446155882	P	5 Jan	Pos	7 Jan	8 Jan	8 Jan	
54300012	Lutz, David S	036881824	Neg	5 Jan			8 Jan	8 Jan	
54300013	Winter, David	170864818	Neg	5 Jan			8 Jan	8 Jan	
FOR OFFICIAL USE ONLY									

Replaces USMEPCOM Form 40-8-6-R, 1 Apr 87, which is obsolete

USMEPCOM FORM 40-8-6-R, 1 APR 91

Figure 5-1. Sample of a completed USMEPCOM Form 40-8-6-R

Figure 5-2. Sample contractor supplied screening record

USMPCOM OVERPRINT 88 1 Sep 89

PREVIOUS EDITIONS WILL BE USED

Figure 5-3. Sample of a completed Standard Form 88

16 July 1991

USMEPCOM Reg 40-8

Standard Form 88  
Revised 10-75  
General Services Administration  
Intelligence Community Medical Records  
Form SF 88 (Rev. 10-75)

### REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Doe John</b>		2. GRADE AND COMPONENT OR POSITION <b>CIVILIAN</b>	3. IDENTIFICATION NO. <b>123456789</b>
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) <b>212 MAIN STREET CHICAGO, IL 60600</b>		5. PURPOSE OF EXAMINATION ENLISTMENT <input type="checkbox"/> COMMISSION <input checked="" type="checkbox"/> <b>COMMISSION</b> ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD RESERVE NATIONAL GUARD	6. DATE OF EXAMINATION <b>4 JAN 1991</b>
7. SEX <b>M</b>	8. RACE (CAUCASIAN, NEGRO, AMERICAN INDIAN, HISPANIC, OTHER) <b>CAUCASIAN</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/>	10. AGENCY <b>USMEPCOM</b>
11. DATE OF BIRTH <b>1 JUL 45</b>	12. AGE <b>26</b>	13. PLACE OF BIRTH <b>CHICAGO, ILL</b>	14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN <b>JACK DOE, FATHER, SAME AS #4</b>
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS <b>CHICAGO, ILL 1700 SOUTH MICHIGAN AVE DEPT. OF DEFENSE</b>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (To date) LAST SIX MONTHS	

#### CLINICAL EVALUATION

✓	18. HEAD, FACE, NECK AND SCALP
✓	19. NOSE
✓	20. SINUSES
✓	21. MOUTH AND THROAT
✓	22. EARS—GENERAL
✓	23. EARS—INTERNAL
✓	24. EYES—GENERAL
✓	25. EYES—OPHTHALMOLOGIC
✓	26. PUPILS (Equality and reaction)
✓	27. OCULAR MOTILITY
✓	28. LUNGS AND CHEST
✓	29. HEART (Thrust)
✓	30. VASCULAR SYSTEM
✓	31. ABDOMEN
✓	32. ANUS AND RECTUM
✓	33. ENDOCRINE SYSTEM
✓	34. G-U SYSTEM
✓	35. UPPER EXTREMITIES
✓	36. FEET
✓	37. LOWER EXTREMITIES
✓	38. SPINE, OTHER MUSCULOSKELETAL
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
✓	40. SKIN, LYMPHATICS
✓	41. NEUROLOGIC (Examination notes under item 73)
✓	42. PSYCHIATRIC (Specify any personality disorders)
✓	43. PELVIC (Females only) (Check new signs) C. VAGINAL, D. RECTAL

NOTES: Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.

(Continue in item 73)

#### DENTAL

44. DENTAL (Place appropriate symbols, shown in diagrams, above or below number of upper and lower teeth.)

UPPER										LOWER									
1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Restorations										Restorations									
Teeth										Teeth									

#### REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

ACCEPTABLE ☐

NOT ACCEPTABLE ☒

IDENTAL EXAMINATION NOT DONE BY DENTAL OFFICER ☐

#### LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY	B. ALBUMIN-READER BTWP	C. BILIRUBIN-READER BTWP	D. SEROLOGY (Specify test type and result)	46. EAU	47. BLOOD TYPE AND RH FACTOR	48. CHEST X-RAY (Place 250 "x" film in box)	49. OTHER TESTS
RPR							

Figure 5-4. Sample SF 88 with transparency overprint

16 July 1991

(Letterhead Stationery)

Medical Section

(Date)

MEMORANDUM FOR: Mr. David A. Green  
Ms. Jane Jones

SUBJECT: Appointment as Human Immunodeficiency Virus (HIV) Results  
Verifier

1. As required by USMEPCOM Regulation 40-8, 1 Apr 91, Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Program, you are appointed as HIV results verifier for the Chicago Military Entrance Processing Station.
2. You will perform all duties in strict compliance with the guidelines established in the reference. You will ensure all results are correctly annotated on the Standard Form 88, Report of Medical Examination, and HIV Control Log, and that both documents match the results shown on the screening record. You will initial the HIV Control Log to show that results have been verified. Once documents have been reviewed, you will deliver all documents to the appropriate person.
3. This appointment will end with termination of your current assignment or at the Commander's discretion.


  
MARK R. SIMMONS  
Lieutenant Colonel, USA  
Commanding

Figure 5-5. Sample memorandum appointing HIV results verifier

POSITIVE WESTERN BLOT CHECKLIST	
Applicant SSN <u>23456789</u> First Specimen <u>54300007</u> Second Specimen <u>54/R1011</u>	
<b>1. FIRST TEST POSITIVE</b>	
<input checked="" type="checkbox"/>	Annotate Control Log (Deadline: 1 workday after receipt of results)
<input checked="" type="checkbox"/>	Annotate SF 88 (Deadline: 1 workday after receipt of results)
<input checked="" type="checkbox"/>	Enter Western Blot results in item 50
<input checked="" type="checkbox"/>	Enter MEPRS WKID and status code "R" in item 72
<input checked="" type="checkbox"/>	Change PULHES (3P)
<input checked="" type="checkbox"/>	Enter "SD" in item 50
<input checked="" type="checkbox"/>	Update MEPRS (Deadline: 1 workday after receipt of results)
<input checked="" type="checkbox"/>	Enter MEPRS code into System 80
<input checked="" type="checkbox"/>	Generate USMEPCOM PCN 714 ADP
<input checked="" type="checkbox"/>	Stamp "WB Positive" on USMEPCOM PCN 714 ADP
<input checked="" type="checkbox"/>	Verifier check package (Deadline: same day SF 88/MEPRS entries made)
<input checked="" type="checkbox"/>	Screening Record matches control log
<input checked="" type="checkbox"/>	SF 88 matches screening record and control log
<input checked="" type="checkbox"/>	Initial control log
<input checked="" type="checkbox"/>	Mail procedures
<input checked="" type="checkbox"/>	Registered letter advises applicant return to MEPS (Deadline 1 workday after receipt of results)
<input checked="" type="checkbox"/>	Use only registered mail
<input checked="" type="checkbox"/>	Memorandum to recruiting service commander (Deadline: 1 workday after receipt of results)
<input checked="" type="checkbox"/>	Telephone procedures
<input checked="" type="checkbox"/>	Commander telephones recruiting service commander
<input checked="" type="checkbox"/>	Submit initial SITREP (Deadline: 2 workdays after receipt of results)
<input checked="" type="checkbox"/>	Specimen number correct
<input checked="" type="checkbox"/>	Social security number correct
<input checked="" type="checkbox"/>	Date of test correct
<input checked="" type="checkbox"/>	Date results received correct
<b>2. APPLICANT ACKNOWLEDGES FIRST LETTER, DOES NOT RETURN FOR NOTIFICATION</b>	
<input type="checkbox"/>	Send registered letter notifying applicant of positive results (Deadline: 30 days of first letter)
<input type="checkbox"/>	Enclose list of health care facilities
<input type="checkbox"/>	Enclose copy of SF 88
<input type="checkbox"/>	Send registered letter to parents/guardians of minors (Deadline: same day as letter to applicant)
<input type="checkbox"/>	Enclose list of health care facilities
<input type="checkbox"/>	Enclose copy of SF 88
<input type="checkbox"/>	Applicant in DEP, begin DEP-discharge action (Deadline: 15 days of notification letter)
<input type="checkbox"/>	Letter to recruiting service commander to begin discharge/separation action
<input type="checkbox"/>	Enclose copy of USMEPCOM PCN 714 ADP, copy of SFs 88 and 93, other pertinent documents
<input type="checkbox"/>	Suspense for 30 days
<input type="checkbox"/>	Applicant not in DEP, close case (Deadline: 15 days of notification letter)

Figure 5-6. Sample Positive Western Blot Checklist



- Submit SITREP
  - First specimen number correct
  - Date notified by mail correct
  - Attempts to locate correct
- 3. APPLICANT DOES NOT ACKNOWLEDGE FIRST LETTER OR RETURN FOR INTERVIEW
  - Send registered letter notifying applicant of positive results (Deadline: 30 days of first letter)
  - Request recruiter assistance (Deadline: 1 Workday after return of registered letter receipt)
  - Notify parents/guardians of minor (Deadline: 1 workday after return of registered letter receipt)
  - Recruiter locates applicant
    - Notify as indicated above
  - Recruiter does not locate applicant
    - Letter to service
      - Begin discharge/separation action
      - Copy of SFs88/93, USMEPCOM PCN 714 ADP, pertinent documents
      - Wait 30 days for discharge paperwork from service
  - Complete discharge action
  - Submit SITREP
    - First specimen number correct
    - Annotate contact attempts
  - Verifier checks package (Deadline: Same day MEPRS entries made)
- 4. APPLICANT RETURNS FOR INTERVIEW, DECLINES SECOND TEST
  - Notify applicant of positive results
  - Give letters/forms to applicant
    - Notification letter
    - Fact Sheet
    - List of health care facilities
  - Notify parents/guardian of minor (Deadline: 1 workday of notification interview)
    - Use registered mail only
  - Verifier checks package (Deadline: Same day registered letters sent)
  - Submit SITREP (Deadline: 2 workdays of notification interview)
    - Specimen number correct
    - Date of interview correct
    - Shows applicant declined test
  - Notify service (Deadline: 1 workday of notification interview)
    - Letter advising to begin discharge action
    - Copies of SFs 88 and 93, USMEPCOM PCN 714 ADP, documents
  - DEP discharge (Deadline: 30 days of MEPRS entry)
    - Wait 30 days for discharge paperwork from service
    - Complete MEPRS entries
  - Retain paperwork in medical (Deadline: all action complete)
- 5. APPLICANT RETURNS FOR INTERVIEW, CONSENTS TO SECOND TEST
  - ✓ Notify applicant of positive results
  - ✓ Give letters/forms to applicant

Figure 5-6. Sample Positive Western Blot Checklist--continued

- ✓ Notification letter
- ✓ Fact Sheet
- ✓ List of health care facilities
- Notify parents/guardian of minor (Deadline: 1 workday of notification interview).
- Use registered mail only.
- ✓ Verifier checks package (Deadline: Same day test conducted)
- ✓ Submit SITREP (Deadline: 2 workdays of notification interview).
- ✓ Specimen number correct.
- ✓ Second specimen number correct.
- ✓ Date of test correct.
- ✓ Retain paperwork in medical.
- ✓ Original SFs 88 and 93.
- ✓ Copies of all notification letters.
- ✓ Copies of all letters to recruiting service.
- 6. POSITIVE SECOND TEST
- ✓ Notify applicant of positive results (Deadline: 1 workday after receipt of results).
- ✓ Use registered mail only.
- Notify parents/guardian of minor (Deadline: 1 workday of notification interview).
- Use registered mail only.
- ✓ Verifier checks package (Deadline: Same day registered letters sent).
- ✓ Submit SITREP (Deadline: 2 workdays after receipt of results)
- ✓ First specimen number correct.
- ✓ Second specimen number correct.
- ✓ Shows second test results positive.
- ✓ Date results received correct.
- ✓ Notify service (Deadline: 1 workday after receipt of results)
- ✓ Advise service to begin discharge action.
- Copies of SFs 88 and 93, USMEPCOM PCN 714 ADP, other pertinent documents.
- ✓ DEP discharge (Deadline: 30 days of MEPRS entry)
- ✓ Wait 30 days for discharge paperwork from service.
- ✓ Complete MEPRS entries.
- ✓ Retain paperwork in medical (Deadline: All action complete)
- ✓ Original SFs 88 and 93.
- ✓ Copies of all notification letters.
- ✓ Copies of all letters to recruiting service.
- 7. NEGATIVE SECOND TEST
- Contact Command Surgeon, HQ USMEPCOM (Deadline: IMMEDIATELY UPON RECEIPT OF NEGATIVE RESULTS) DO NOT NOTIFY APPLICANT OR SERVICE
- Provide first specimen number.
- Date of first test.
- Provide second specimen number.
- Date of second test.
- Social security number.
- Submit Serious Incident Report (Deadline: SAME DAY AS RECEIPT OF NEGATIVE RESULTS)

Figure 5-6. Sample Positive Western Blot Checklist--continued

- First specimen number correct.
  - Second specimen number correct.
  - Shows second test negative.
  - Date results received correct.
  - Name of person contacted at Command Surgeon's office.
- Wait for information from Command Surgeon
  - Second test verified negative.
  - Draw third specimen.
  - Do not draw third specimen.
- Notify applicant (Deadline: ONLY AFTER COMMAND SURGEON CONFIRMS NEGATIVE RESULTS)
  - Telephone notification (Deadline: Same day Surgeon confirms reversal)
  - Notification by registered mail (Deadline: 1 workday of telephone notification)
- Notify parents/guardians of minor
  - Registered mail only (Deadline: 1 workday of telephone notification)
- Submit SITREP if additional test is not drawn (Deadline: 2 workdays after Command Surgeon confirms negative results)
  - First specimen number correct.
  - Shows second test results confirmed negative.
  - Shows date negative results verified.
- Conduct additional test (ONLY AT COMMAND SURGEON'S DIRECTION)
- Contact Command Surgeon (Deadline: Same day test conducted)
  - First specimen number.
  - Date of first test.
  - Second specimen number.
  - Date of second test.
  - Third specimen number.
  - Date of third test.
- Submit SITREP (Deadline: 2 workdays after receipt of confirmed negative results)
  - Initial specimen number correct.
  - Third test specimen number correct.
  - Third test date correct.
  - Name of person who confirmed negative result.
  - Date negative results confirmed.
  - Date applicant notified of negative results by telephone.
  - Date applicant notified of negative results by registered mail.

Figure 5-6. Sample Positive Western Blot Checklist--continued

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

We would like you to return to the Chicago Military Entrance Processing Station (MEPS) to discuss the results of the medical examination conducted on 4 January 1991. Test results reveal a potentially serious condition of a personal nature. Contact your recruiter immediately for an appointment with the MEPS physician and arrange for transportation to the MEPS.

Your medical results are being held in confidence. Your recruiter has been informed that you will contact him to arrange your appointment. He does not know the reason for your return to the MEPS, nor can he provide specific details or discuss the matter with you.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Smith".

John J. Smith, M.D.  
Chief Medical Officer

Figure 5-7. Sample notification letter advising applicant to return to MEPS

16 July 1991

(Letterhead Stationery)

MEPCC-CHI (MARKS)

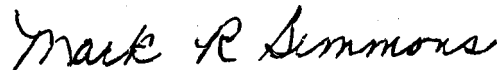
(Date)

MEMORANDUM FOR Commander, U.S. Marine Corps Recruiting Station,  
2500 East Main Street, Chicago, IL 60063

SUBJECT: Medical Examination of John Doe, 123-45-6769

1. Mr. Doe, sponsored by your service, has been sent the enclosed letter advising him we would like to discuss the results of his medical examination and directing him to contact his recruiter. Under no circumstances should the recruiter initiate discussion with Mr. Doe concerning the reason for returning to the MEPS. All questions should be referred to the MEPS physician.

2. Please coordinate directly with me to schedule Mr. Doe's appointment and make arrangements for the recruiter to accompany him to and from the MEPS. Please show by return endorsement if Mr. Doe does not respond or indicates he will not return to the MEPS.



Encl

MARK R. SIMMONS  
Lieutenant Colonel, USA  
Commanding

Figure 5-8. Sample recruiting service notification that applicant needs to  
return to MEPS

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

During your medical examination at the Chicago Military Entrance Processing Station (MEPS), a blood sample was taken for testing. Laboratory tests show a substance called the Human Immunodeficiency Virus (HIV) antibody in your blood. A repeat test showed the same results. A different, even more specific test was performed and received positive results.

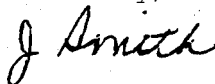
The test shows the presence of an antibody to the virus believed to cause Acquired Immune Deficiency Syndrome (AIDS). Please understand that I am not saying you have AIDS; only that you have the HIV antibody. The enclosed fact sheet has more information on HIV.

You are not medically qualified for military service. You must seek a complete medical diagnosis of your condition as soon as possible. Neither the MEPS nor your recruiter can provide the assistance you need--such guidance is not part of your examination for military service. Take this letter to a physician or clinic. A list of possible treatment facilities is enclosed. They need to know your specimen tested repeatedly ELISA positive with Recombinant ELISA and Western Blot confirmation. A copy of your medical examination is enclosed.

You may return to the MEPS for another blood sample to confirm the initial series of tests. Please contact your recruiter immediately to arrange for an appointment and transportation to the MEPS.

I strongly urge you to seek further medical assistance immediately.

Sincerely,



John J. Smith, M.D.  
Chief Medical Officer

Enclosures

Figure 5-9. Sample mail notification letter

**FACTS ABOUT HIV**

(For use of this form, see USMEPCOM Reg 40-8)

**1. What is HIV?**

The term means "Human Immunodeficiency Virus." This name was given to the virus because it infects human white blood cells. The virus causes Acquired Immune Deficiency Syndrome (AIDS).

**2. Why is a positive HIV antibody test disqualifying for military service?**

There are several reasons. All new military people get shots to protect them from diseases they might be exposed to around the world. Some people with HIV have damaged immune systems and develop the diseases they are being vaccinated for. People with HIV cannot donate blood and all military members are potential donors on the battlefield.

**3. How does a person become infected with HIV?**

The virus is present in the blood and other body fluids of an infected person. The virus spreads in different ways: injecting infected blood through a blood transfusion or sharing contaminated drug needles; sexual intercourse with an infected person, either heterosexual (male-female sex) or homosexual (same sex); or from an infected mother to her infant.

**4. How does the blood test for HIV work?**

The test detects antibodies to the virus. Antibodies are blood molecules that attack germs invading the body. When a person is infected, the virus grows in the blood. The immune system responds by making antibodies to kill the virus. In most viral infections, the antibodies are effective. With HIV, they are not successful and the virus continues to grow. A positive test is strong evidence that a person has contracted the virus.

**5. What does a confirmed positive blood test for HIV antibodies mean?**

It means the person was exposed to HIV and developed antibodies. The time from infection until symptoms develop may be several years. Most infected persons are well for years, even with the virus in their blood. It is still not certain which infected persons actually develop AIDS.

**6. Is there a cure for HIV infection?**

Not yet. There is an enormous research effort in the United States and other countries. Several drugs have been found which kill HIV in laboratory tests and have been used in humans with encouraging results. These drugs may have life threatening effects and must be carefully tested.

**7. What should a person infected with HIV do?**

Consult a physician specializing in HIV infections or infectious diseases to see if the immune system has been damaged and watch for complications. While there is no cure for the virus, complications can be managed if they are caught early.

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

(Date)

Medical Section

Mr. and Mrs. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. and Mrs. Doe:

During your son John's medical examination at the Chicago Military Entrance Processing Station (MEPS), a blood sample was taken for testing. Laboratory tests show a substance called Human Immunodeficiency Virus (HIV) antibody in his blood. Repeat tests showed the same result. A different, even more specific test was performed with positive results.

The test shows the presence of an antibody to the virus which causes Acquired Immune Deficiency Syndrome (AIDS). Please understand I am not saying your son has AIDS; only that he has the HIV antibody. The enclosed fact sheet has more information on HIV.

Your son is not medically qualified for military service. He must seek a complete medical diagnosis of his condition as soon as possible. Neither the MEPS nor his recruiter can provide the assistance he needs. Such guidance is not part of his examination for military service. A list of possible treatment facilities is enclosed.

We sent a registered letter to John on January 16, 1991, requesting he return to the MEPS to discuss his medical examination. We also sent a registered letter similar to this one on January 31, 1991, notifying him of his test results. He has not acknowledged either letter. He may still return for another sample to confirm our initial series of tests. Please have him contact his recruiter immediately for an appointment and transportation to the MEPS.

I strongly urge that your son seek medical assistance immediately.

Sincerely,



John J. Smith, M.D.  
Chief Medical Officer

Enclosures

Figure 5-11. Sample letter notifying parents or legal guardians if applicant does not return to the MEPS



16 July 1991

(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

MEMORANDUM FOR Commander, U.S. Marine Corps Recruiting Station, 2500 East  
Main, Chicago, IL 60063

SUBJECT: Request for Assistance in locating John Doe, 123-45-6789

1. Mr. Doe should return to the MEPS to discuss the medical examination conducted on 4 January 1991. He gave 212 South Main Street, Chicago, Illinois 60600 as his current address. We have been unable to contact him and need your assistance.
2. Please report his status by endorsement below.

*Mark R Simmons*

MARK R. SIMMONS  
Lieutenant Colonel, USA  
Commanding

MCRS-CHI (MEPCC-CHI 31 Jan 90) (MARKS) 1st End Maj Jones/sr/AV 555-1212

CDR, U.S. Marine Corps Recruiting Station, 2500 East Main, Chicago, IL 60063

FOR CDR, Chicago MEPS, 1700 South Wolf Road, Des Plaines, IL 60018-1999

- ( ) 1. Unable to locate individual.
- ( ) 2. Individual's current address:
- ( ) 3. Will make appointment to return to MEPS.
- ( ) 4. Individual does not desire to return to MEPS.
- ( ) 5. Other (specify).

Figure 5-12. Sample memorandum requesting recruiting Service assistance in  
locating applicant

## CHECKLIST FOR POSITIVE WESTERN BLOT PERSONAL NOTIFICATION

1. Purpose of the interview is to notify applicants of positive results--the classic doctor-patient relationship does not exist. Do not allow applicants to discuss or seek advice beyond notification of test results.
2. Discuss the following during the personal interview:
  - ☒ Introductions in the CMO's office should make the applicant feel at ease.
  - ☒ "We asked you here today to confirm the results of the blood tests taken during your physical examination."
  - ☒ "You consented to a blood test for the antibody to the Human Immuno-deficiency Virus, also called HIV."
  - ☒ "Those test results are positive. This means you have contracted the virus and built antibodies to the virus in your blood."
  - ☒ "HIV causes Acquired Immune Deficiency Syndrome, also called AIDS."
  - ☒ "This positive test does not mean that you have AIDS. It only means that you have contracted the virus."
  - ☒ "At this time, you are disqualified for military service."
  - ☒ "You must seek medical advice for an evaluation of your condition as soon as possible. Neither the MEPS nor your recruiter can give the assistance you need. I cannot be your doctor."
  - ☒ "We have compiled an information packet containing a letter confirming our conversation today, information fact sheet, list of State health counseling services, and copies of your examination forms."
  - ☒ "Take the letter and examination forms to a physician or clinic. They need to know your blood sample tested repeatedly ELISA positive with Recombinant ELISA and Western Blot confirmation."
  - ☒ If the applicant requests a second test, have a medical technician draw blood immediately.
  - ☒ Restate major points of the interview, inform the applicant of return time for test results and obtain the applicant's telephone number.
  - ☒ Advise military members the chain of command will be notified only if the second test is confirmed positive.
  - ☒ Conclude the interview with the statement: "I am sorry you are not qualified for military service. I strongly urge you to seek further medical assistance immediately."
  - ☒ The recruiter should be waiting to escort the applicant home.

Figure 5-13. Sample Checklist for Positive Western Blot personal notification

16 July 1991

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

During your medical examination at the Chicago Military Entrance Processing Station (MEPS), a blood sample was taken for testing. Laboratory tests show a substance called Human Immunodeficiency Virus (HIV) antibody. Repeat tests showed the same results. A different, even more specific test was performed and received positive results.

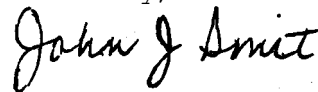
The test shows the presence of an antibody to the virus which causes Acquired Immune Deficiency Syndrome (AIDS). Please understand that I am not saying you have AIDS; only that you have the HIV antibody. The enclosed fact sheet has more information on HIV.

You are not medically qualified for military service. You must seek a complete medical diagnosis of your condition as soon as possible. Neither the MEPS nor your recruiter can provide the assistance you need. Such guidance is not part of your examination for military service. Take this letter to your physician or clinic. They need to know your specimen tested repeatedly ELISA positive with Recombinant ELISA and Western Blot confirmation. A copy of your medical examination is enclosed. A list of possible treatment facilities is enclosed.

If you desire, we will take another blood sample to confirm the initial test. I will notify you of those test results by registered letter as soon as they arrive. If you decline a second test, you are disqualified for military service based on our initial tests.

I strongly urge you to seek medical assistance immediately.

Sincerely,

  
John J. Smith, M.D.  
Chief Medical Officer

Enclosures

Figure 5-14. Sample personal notification letter

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

(Date)

Medical Section

Mr. and Mrs. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. and Mrs. Doe:

During your son John's medical examination at the Chicago Military Entrance Processing Station (MEPS), a blood sample was taken for testing. Laboratory tests show a substance called Human Immunodeficiency Virus (HIV) antibody in his blood. Repeat tests showed the same results. A different, even more specific test was performed with positive results.

The test shows the presence of an antibody to the virus which causes Acquired Immune Deficiency Syndrome (AIDS). Please understand I am not saying your son has AIDS; only that he has the HIV antibody. The enclosed fact sheet has more information on HIV.

Your son is not medically qualified for military service. He must seek a complete medical diagnosis of his condition as soon as possible. Neither the MEPS nor his recruiter can provide the assistance he needs. Such guidance is not part of his examination for military service.

Your son was notified of these results on January 16, 1991, and received a letter similar to this one. Have him take either letter to a physician or clinic. A list of possible treatment facilities is enclosed. They need to know his specimen tested repeatedly ELISA positive with Recombinant ELISA and Western Blot confirmation. He was also provided a copy of his medical examination.

He should also tell them we have taken another sample to confirm the initial series of tests. I will notify him of those results by registered letter as soon as they arrive.

I strongly urge that your son seek medical assistance immediately.

Sincerely,



John J. Smith, M.D.  
Chief Medical Officer

Enclosures

Figure 5-15. Sample letter notifying parents or legal guardians if minor has second test

16 July 1991

(Letterhead Stationery)

(Date)

Medical Section

Mr. and Mrs. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. and Mrs. Doe:

During your son John's medical examination at the Chicago Military Entrance Processing Station (MEPS), a blood sample was taken for testing. Laboratory tests show a substance called Human Immunodeficiency Virus (HIV) antibody in his blood. Repeat tests showed the same results. A different, even more specific test was performed and received positive results.

The test shows the presence of an antibody to the virus which causes Acquired Immune Deficiency Syndrome (AIDS). Please understand I am not saying your son has AIDS; only that he has the HIV antibody. The enclosed fact sheet has more information on HIV.

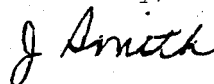
Your son is not medically qualified for military service. He must seek a complete medical diagnosis of his condition as soon as possible. Neither the MEPS nor his recruiter can provide the assistance he needs. Such guidance is not part of his examination for military service.

John was notified of these results on January 16, 1991, and received a letter similar to this one. Have him take either letter to a physician or clinic. A list of possible treatment facilities is enclosed. They need to know his specimen tested repeatedly ELISA positive with Recombinant ELISA and Western Blot confirmation. He also received a copy of his medical examination.

We offered to take another sample to confirm the initial series of tests, but John declined. If he decides to return to the MEPS, we will still conduct another test.

I strongly urge that your son seek medical assistance immediately.

Sincerely,



John J. Smith, M.D.  
Chief Medical Officer

Enclosures

Figure 5-16. Sample letter notifying parents or legal guardians if minor declines second test.

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

On January 4, 1991, you were retested at the Chicago Military Entrance Processing Station for the HIV antibody. This letter confirms that second test results were also positive.

I want to emphasize that I am not saying you have AIDS--only that you have contracted the HIV antibody. I strongly encourage you to seek medical assistance in your local community.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Smith".

John J. Smith, M.D.  
Chief Medical Officer

Figure 5-17. Sample letter notifying applicant of positive second test results

16 July 1991

(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

MEMORANDUM FOR Commander, U.S. Marine Corps Recruiting Station, 2500 East  
Main, Chicago, IL 60063

SUBJECT: Medical Disqualification of John Doe, 123-45-6789

1. Mr. Doe has been notified he is not medically qualified for military service. Copies of his USMEPCOM PCN 714ADP, SF 88, Report of Medical Examination, and SF 93, Report of Medical History, are enclosed. Action may be taken to cancel any job reservations or training seat he may have. Please take action to discharge him from the DEP, using discharge code "ZAA." Please forward a copy of discharge paperwork within 30 days of the date of this letter.

2. This letter and its enclosures are "FOR OFFICIAL USE ONLY." Please safeguard this extremely sensitive information in accordance with DOD Directive 5400.7, DOD Freedom of Information Act Program, and pertinent service regulations.

Encls


  
MARK R. SIMMONS  
Lieutenant Colonel, USA  
Commanding

Figure 5-18. Sample memorandum notifying recruiting Service of positive second test results

16 July 1991

USMEPCOM Reg 40-8

<b>HIV ANTIBODY POSITIVITY REPORT</b> <small>For use of this form, see USMEPCOM Reg 40-8</small>		<small>PRIVACY ACT. The information provided on this form will be safeguarded under the Privacy Act of 1974 (5 USC 552a) as amended. Persons involved in the design development, operation, maintenance, or control of Privacy Act records are required to protect the privacy of individuals who are subjects of the records.</small>			
<b>IDENTIFICATION DATA</b>					
<b>NAME (LAST, FIRST, MIDDLE)</b>		<b>DATE OF BIRTH</b>	<b>SEX</b>	<b>MARITAL STATUS</b>	<b>ETHNIC GROUP</b>
DOE, JOHN		1 July 1965	M	Single	Caucasian
<b>PRESENT ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE)</b>					
212 Main Street, Chicago, Cook, Illinois 60600					
<b>HOME OF RECORD (STREET, CITY, COUNTY, STATE, ZIP CODE)</b>					
Same					
<b>POPULATION GROUP (CIRCLE ONE) WHITE BLACK ASIAN AM INDIAN OTHER (SPECIFY)</b>					
UNKNOWN					
<b>DATE OF TEST</b>	<b>ELISA RESULT (CIRCLE ONE)</b>	<b>CONFIRMATION RESULT (CIRCLE ONE)</b>	<b>SPECIMEN NUMBER</b>		
4 Jan 91	NEG POS	NEG POS	54300007		
11 Jan 91	NEG POS	NEG POS	541R1011		
	NEG POS	NEG POS			
<b>TEST LOCATION (HEPS NAME AND ADDRESS)</b>					
Chicago Military Entrance Processing Station 1700 South Wolf Road Des Plaines, Illinois 60016-1999					
<small>DO NOT RELEASE THIS FORM TO THE STATE UNLESS AUTHORIZED IN WRITING BY THE COMMAND JUDGE ADVOCATE, USMEPCOM</small>					
<b>ADDITIONAL TECHNICAL INFORMATION</b> , such as Western Blot viral bandings, ELISA absorbance, or other serologic information, is not available from the Military Entrance Processing Station and must be obtained from the Department of Virus Diseases, Communicable Diseases and Immunology Division, Walter Reed Army Institute of Research, Walter Reed Army Medical Center, Washington, DC 20307-5100.					
<b>USMEPCOM Form 40-8-8-R, 1 Apr 91</b> <small>Replaces USMEPCOM Form 40-5-6, 1 Aug 87, which is obsolete</small>					

Figure 5-19. Sample of a completed USMEPCOM Form 40-8-8-R



16 July 1991

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

On January 4, 1991, you were retested at the Chicago Military Entrance Processing Station for the HIV antibody. This letter confirms that second test results were negative.

You are eligible for military service. Please contact your recruiter if you would like to resume processing.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Smith".

John J. Smith, M.D.  
Chief Medical Officer

Figure 5-20. Sample letter notifying applicant of negative second test results

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

(Date)

Medical Section

Mr. and Mrs. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. and Mrs. Doe:

Your son John was recently retested at the Chicago Military Entrance Processing Station for the HIV antibody. This letter confirms that second test results were negative.

Your son is eligible for military service. Please have him contact his recruiter if he would like to resume processing.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Smith".

John J. Smith, M.D.  
Chief Medical Officer

Figure 5-21. Sample letter notifying parents or legal guardian of minor's negative second test results

16 July 1991

(Letterhead Stationery)

(Date)

Medical Section

Mr. and Mrs. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. and Mrs. Doe:

On January 4, 1991, your son John was retested at the Chicago Military Entrance Processing Station for the HIV antibody. This letter confirms that second test results were negative.

Despite those results, he remains ineligible for military service because of an unrelated disqualifying factor. He was previously informed of the other reason for disqualification.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Smith".

John J. Smith, M.D.  
Chief Medical Officer

Figure 5-22. Sample letter notifying parents or legal guardian of negative second test if otherwise disqualified

16 July 1991

USMEPCOM Reg 40-8

(Letterhead Stationery)

MEPCC-CHI (MARKS)

(Date)

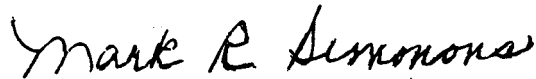
MEMORANDUM FOR Commander, U.S. Marine Corps Recruiting Station, 2500 East  
Main, Chicago, IL 60063

SUBJECT: Medical Qualification of John Doe, 123-45-6789

1. Mr. Doe has been notified that he is now medically qualified for military service. Copies of his USMEPCOM PCN 714ADP, SF 88, Report of Medical Examination, and SF 93, Report of Medical History, are enclosed.

2. This letter and its enclosures are "FOR OFFICIAL USE ONLY." Please safeguard this extremely sensitive information in accordance with DOD Directive 5400.7, DOD Freedom of Information Act Program, and pertinent service regulations.

Encls

  
MARK R. SIMMONS  
Lieutenant Colonel, USA  
Commanding

*FOR OFFICIAL USE ONLY*

Figure 5-23. Sample memorandum notifying recruiting Service of negative second test results

16 July 1991

(Letterhead Stationery)

(Date)

Medical Section

Mr. John Doe  
212 Main Street  
Chicago, Illinois 60600

Dear Mr. Doe:

On January 4, 1991, you were retested at the Chicago Military Entrance Processing Station for the HIV antibody. This letter confirms that second test results were negative.

Despite those results, you remain ineligible for military service because of an unrelated disqualifying factor. You were previously informed of the other reason for disqualification.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. Smith".

John J. Smith, M.D.  
Chief Medical Officer

Figure 5-24. Sample letter notifying applicant of negative second test results if otherwise disqualified

16 July 1991

USMEPCOM Reg 40-8

INITIAL POSITIVE WESTERN BLOT

SUBJ: WESTERN BLOT POSITIVE, SITREP 1, SPECIMEN NUMBER 54300007.

1. SOCIAL SECURITY NUMBER: 123-45-6789.

2. DATE TESTED: 4 JAN 1991.

3. DATE INITIAL WESTERN BLOT RESULTS RECEIVED: 7 JAN 1991.

Figure 5-25. Sample SITREP initial positive Western Blot results

APPLICANT RETURNS TO THE MEPS AND CONSENTS TO A SECOND TEST

SUBJ: WESTERN BLOT POSITIVE SITREP 2. SPECIMEN NUMBER 54300007.

1. APPLICANT NOTIFIED IN PERSON ON 11 JAN 1991.
2. CONSENTED TO SECOND TEST.
3. SECOND SPECIMEN NUMBER 54-1R1011.
4. REMARKS: LIMIT REMARKS TO ITEMS IMPORTANT TO THE NOTIFICATION PROCESS  
(APPLICANT HYSTERICAL, THREATENED SUICIDE, ETC.)

Figure 5-26. Sample SITREP when applicant returns to the MEPS and consents to second test

APPLICANT RETURNS TO THE MEPS AND DECLINES A SECOND TEST

SUBJ: WESTERN BLOT POSITIVE SITREP 2, SPECIMEN NUMBER 54300007.

1. APPLICANT NOTIFIED IN PERSON ON 11 JAN 1991.
2. DECLINED SECOND TEST.
3. REMARKS: LIMIT REMARKS TO ITEMS IMPORTANT TO THE NOTIFICATION PROCESS (APPLICANT HYSTERICAL, THREATEN SUICIDE, ETC.).
4. FINAL REPORT.

Figure 5-27. Sample SITREP when applicant returns to the MEPS, but declines a second test



16 July 1991

FINAL POSITIVE WESTERN BLOT RESULTS

SUBJ: WESTERN BLOT POSITIVE SITREP 3, SPECIMEN NUMBER 54300007.

1. SECOND WESTERN BLOT POSITIVE.
2. APPLICANT NOTIFIED BY TELEPHONE ON 910124.
3. FOLLOW-UP NOTIFICATION LETTER SENT ON 910125.
4. REMARKS: LIMIT REMARKS TO ITEMS IMPORTANT TO THE NOTIFICATION PROCESS (APPLICANT HYSTERICAL, THREATEN SUICIDE, ETC.).

Figure 5-28. Sample SITREP for positive second test results

NEGATIVE WESTERN BLOT RESULTS

SUBJ: WESTERN BLOT POSITIVE SITREP 3, SPECIMEN NUMBER 54300007.

1. SECOND WESTERN BLOT WAS NEGATIVE.
2. REVERSAL VERIFIED BY COMMAND SURGEON ON 23 JAN 1991.
3. APPLICANT NOTIFIED BY TELEPHONE ON 24 JAN 1991.
4. FOLLOW-UP NOTIFICATION LETTER SENT ON 25 JAN 1991.
5. REMARKS: LIMIT REMARKS TO ITEMS IMPORTANT TO THE NOTIFICATION PROCESS (APPLICANT HYSTERICAL, THREATEN SUICIDE, ETC.).

Figure 5-29. Sample SITREP for negative second test results

APPLICANT NEVER RETURNED TO THE MEPS

SUBJ: WESTERN BLOT POSITIVE SITREP NUMBER 2, SPECIMEN NUMBER 54300007.

1. APPLICANT DID NOT RESPOND TO INITIAL NOTIFICATION LETTER.
2. NOTIFIED BY MAIL ON 24 JAN 1991.
3. RECRUITING SERVICES ATTEMPTED TO LOCATE WITHOUT SUCCESS.
4. FINAL REPORT.

Figure 5-30. Sample SITREP when applicant does not return to MEPS

## Chapter 6

### Military Entrance Processing Reporting System (MEPRS) Instructions

#### Section I

#### Drug and Alcohol Testing

##### 6-1. DAT codes

Results codes were developed to ensure testing of all applicants requiring DAT and proper entry of results into MEPRS. Cancellation codes show the reasons laboratory could not test specimens.

##### a. Results codes:

Results Code	Definition
A	Alcohol positive
C	Cocaine positive
M	Marijuana positive
N	Negative result
T	Test administered, results pending
X	Refused to test
Z	Test not administered

##### b. Cancellation codes:

Cancellation Code	Definition
11	No USCD received with specimens
12	USCD does not contain required information
13	Specimen number missing on USCD
14	SSN missing or incomplete on USCD
15	Specimen number on bottle missing
16	SSN on bottle incomplete or missing
17	Bottle label/USCD specimen labels do not match
18	Bottle label/USCD SSNs do not match

Cancellation Code	Definition
19	Specimen listed on USCD but bottle not received
20	Specimen received but not listed on USCD
21	Specimen void on USCD but present in shipment
22	No initials on bottle label
23	Quantity of urine not sufficient
24	Unsuitable for testing--not pure urine
25	Laboratory accident or spillage
26	Leaking specimen bottle
27	Bottle unauthorized type
28	Box not sealed
29	Seal on box broken
30	Bottle not sealed
31	Bottle seal broken

## c. Medical WRK:

Medical WRK	Definition
D	Report DAT results

## d. Status Code:

Status Code	Definition
E	Ineligible to process for 2 years; failed one or more portions of DAT for second time
J	Disqualified medically, remedial/temporary
P	Partially qualified
R	Disqualified medical permanent

**6-2. Refusal of the BAT**

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a. If an applicant refuses the BAT and the host record does not contain a current full medical examination, accomplish the following:

(1) Update MEPRS.

(a) Enter "B020" with status code "L."

(b) Enter "0" under the "S" in PULHES. Enter "X" under BAT results. Enter "ZZ" for drug results. Enter all available medical information and enter zeros in all other medical data fields.

(2) Code the SF 88.

(a) Enter "X" under alcohol code in item 50.

(b) Enter medical status code "L" in item 72.

(c) Enter "0" under "S" in PULHES in item 76.

b. If the host record contains a current full medical examination (i.e., the applicant is receiving additional medical processing):

(1) Update MEPRS.

(a) Enter "B070" or "B080" and medical status code "L."

(b) Enter "0" under "S" in PULHES. Enter "X" for BAT results.

(2) Code the SF 88.

(a) Enter "X" under alcohol code in item 50.

(b) Enter medical status code "L" in item 72.

(c) Enter "0" under the "S" in PULHES in item 76.

### **6-3. Negative BAT results on the first test**

After completion of medical processing, enter negative alcohol test results, as coded on the SF 88, into MEPRS as follows:

	Code	Test-DT	RSLT/SP#
AL1:	(N)	(880601)	(000)
DG1:	(T) (T)	(880601)	(54123456)

a. The "N" under "code" shows negative result.

b. The date of test equals the date of medical examination.

c. Enter "000" under "RSLT/SP#." Do not enter negative BAT results numerically, either in item 50 or in MEPRS.

#### 6-4. Positive BAT results on the first test

Enter confirmed positive alcohol test results, as coded on the SF 88, into MEPRS as follows:

	Code	Test-DT	RSLT/SP#
AL1:	(A)	(880601)	(059)
DG1:	(Z) (Z)	(_____)	(_____)

a. The "A" shows positive result.

b. The date of test equals date of medical examination.

c. Enter results exactly as shown in item 50 (i.e., "059," "075," "113"). Always enter the lower reading circled in item 50 into MEPRS.

d. Enter "Z" (drug test not administered) in both THC and cocaine blocks for the first drug test, since applicants who fail the alcohol test are not eligible to take the drug test.

e. Update MEPRS with WRK "X020" or "X040" and correct status code.

(1) If the CMO determines the applicant is not alcohol dependent, enter status code "J."

(2) If the CMO determines the applicant is alcohol dependent, enter status code "E."

#### 6-5. Negative BAT results on the second test

Enter negative alcohol test results, as coded in item 50, into MEPRS as follows:

	Code	Test-DT	RSLT/SP#
AL2:	(N)	(880902)	(000)
DG2:	(_) ( _)	(_____)	(_____)

a. The "N" shows a negative second BAT result.

b. The date of test is not prefilled with system date. Operators will enter correct dates.

c. Enter result into MEPRS as "000."

d. Update MEPRS using medical WRK "B080" and status code "P" if no other status codes apply.

**6-6. Positive BAT results on the second test**

Enter positive BAT results, as coded in item 50, into MEPRS as follows:

	Code	Test-DT	RSLT/SP#
AL2	(A)	(880902)	(059)
DG2:	(_) ( _)	(_____)	(_____)

- a. The "A" shows positive second test result.
- b. Date of test is not prefilled with system date. Operators will enter correct dates.
- c. As with the first test, enter result in MEPRS exactly as shown in item 50, using the lower reading.
- d. Update MEPRS using WRK "B070" and "B080" and status codes "J" or "E" if no other status codes apply.
- e. Enter dependency determinations according to paragraphs 6-4(e) and (2).

**6-7. Refusal of the drug test**

a. When an applicant refuses the DAT and the host record does not contain a current full medical examination, accomplish the following:

(1) Update MEPRS.

- (a) Enter "BOOON" transaction.
- (b) Place "X" in the "0TH" block indicated.
- (c) Enter "refused DAT" in the reason block.
- (d) Enter "B020" with status code "L."
- (e) Change "S" under PULHES to "0" and enter DAT results as "XX"
- (f) Enter appropriate BAT results.

(2) SF 88 coding.

- (a) Enter status code "L" in item 72.
- (b) Enter "0" under "S" in PULHES.

b. When an applicant takes an inspect (current full medical on host) before DEP-in and refuses DAT, accomplish the following:



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## (1) Update MEPRS.

- (a) Enter "BOOON" transaction.
- (b) Place "X" in the "0TH" block indicated.
- (c) Enter "refused DAT" in the reason block.
- (d) Enter "B080" with status code "L."
- (e) Change "S" under PULHES to "0" and enter DAT results as "XX."
- (f) Enter appropriate BAT results.

## (2) SF 88 coding.

- (a) Enter medical status code "L" in item 72.
- (b) Enter "0" under "S" in PULHES.

c. When an applicant first refused the drug test, then took a drug test and completed the medical examination, accomplish the following:

## (1) Update MEPRS.

- (a) Enter "B070" or "B080" transaction.
- (b) Overtyping "XX" in drug results field with "TT."

(c) Overtyping zero-filled fields from "B020L" with data from the SF 88. Medical examination credit counts on the initial "B020L" entry.

## (2) Code the SF 88 in accordance with existing instructions.

**6-8. Drug test data entry requirements**

As much as possible, drug testing information will post automatically to the host data base and each applicant's MEPRS record. The MEPS will enter certain data on applicants completing BAT and submitting a drug specimen.

- a. Enter all other medical data according to existing instructions.
- b. Enter BAT results according to paragraphs 6-3 and 6-5.
- c. Enter the following drug test data from the SF 88.

	Code	Test-DT	RSLT-SP#
AL1:	(N)	(880601)	(030)
DG1:	(T) (T)	(880601)	(54123456)

(1) Enter "T" (drug test administered; results pending) under code.

(2) Date of test equals date of medical examination.

(3) The SP# is the specimen number assigned by medical personnel. The same specimen number is usually used for both HIV and drug testing. Enter only the HIV specimen number. System 80 will automatically repeat the same number for the drug area (DG1). If the drug specimen number differs from the HIV number (for second HIV or drug tests, etc.), enter the correct specimen number in the drug area.

(4) The Test-DT is not prefilled with the system date. Operators will enter correct dates.

#### **6-9. System 80 DAT output products and mini-data base updates**

Drug test results will be automatically updated through electronic inter-face between the laboratory and USMEPCOM host computer. Accomplish the following when drug test results are received from the host computer:

a. Produce a System 80 report (PCN ZHM002, Drug and Alcohol Processing Eligibility Roster) each morning. The report contains two parts:

(1) Part I:

(a) Sort by test date and alphabetically by last name and show results codes for both alcohol and drugs.

(b) Alcohol test result is the same as that entered into MEPRS.

(c) The first drug result code is for THC (marijuana). The second code is for cocaine. Codes will be "M," "C," or "N." If the laboratory cannot test a specimen, a two-position cancellation code will appear in THC and cocaine blocks. One number will appear in each block.

(d) List eligibility dates and mandatory DEP discharge/Reserve Component separation dates for persons with positive results. The eligibility date is the earliest an individual may process at any MEPS, including Mobile Examination Team sites and Armed Services Vocational Aptitude Battery testing. The mandatory DEP discharge/Reserve Component separation date is the date recruiting Services must submit DEP discharge paperwork.

(e) Print the report and give to the medical section for posting drug test results to the original SFs 88.

(2) Part II.

(a) Sort part II by test date, Service processed for, and alphabetically by last name.

(b) Give part II to the respective recruiting Service liaisons.

(c) Show liaisons definitions of results codes, eligibility dates, and DEP discharge/Reserve Component separation dates.

b. The mini-database will be automatically updated with the following:

(1) Results codes ("C," "M," "N," "X," "Z," or blank).

(2) Eligibility dates, if applicable.

(3) Medical disqualifying codes ("4C," "4D," "4E," "4K," or "4M").

c. If results are not automatically updated by the host computer, but are received by other means, update MEPRS with WRK "BODO" and status code.

#### **6-10. Eligibility dates**

a. If the result code is "A," "C," or "M," the host computer will compute the eligibility date and post it to the MEPS mini-database.

(1) If "A" is the alcohol result code, the eligibility date will be 6 months and 1 day (181 days) in the future.

(2) If "M" is the THC result code, the eligibility date will be 6 months and 1 day, (181 days). in the future.

(3) If "C" is the cocaine result code, the eligibility date will be 1 year and 1 day (366 days) in the future.

b. Allow only selected transactions when status code "E" appears in the medical portion of the PAMDAHO.

c. Check social security numbers entered on the host data base request screen against the MEPS mini-database. Print an eligibility date to ensure applicants scheduled are authorized further processing.

d. If "M" or "C" appear in one or both of the drug results codes, or "A" appears in the alcohol results code, do not authorize any further processing, including ASVAB retest, until the ineligibility period expires and the sponsoring Service schedules the applicant for- a second test.

e. Positive second test results result in an eligibility date of 2 years and 1 day (731 days) from the date of the second test.

#### **6-11. Mandatory DEP/Reserve Component discharge dates**

People testing positive for drugs who have already enlisted in the DEP must be discharged. Persons accessed in the Reserve Components must be separated. The MEPS are authorized to accomplish both actions if Services

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do not complete discharge proceedings within 30 days of the date positive results are received.

a. Handle Regular Component DEP discharges as follows:

- (1) Notify Service of positive results via PCN ZHM002.
- (2) Perform SSN pull.
- (3) Create file and attach to SSN pull. Attach USMEPCOM Form 601-23-2 (Records Flag). Add statement "Positive drug result in DEP."
- (4) Get original USMEPCOM documents from liaison and enter discharge with the current date as date of discharge. Enter ZZZ as discharge reason.
- (5) When discharge is received from liaison, enter WRK "JO07" to update discharge data received.
- (6) When discharge action is complete, file all records in positive drug file.

b. Accomplish Reserve Component discharges in the same manner. Produce WRK "MO05" instead of a discharge transaction.

## **Section II**

### **HIV Testing**

#### **6-12. Coding**

a. Records for all applicants and nonapplicants receiving HIV tests must reflect one of the following codes:

- (1) Use 5A (Flagging Code) when HIV results are required or pending. This code means a person either requires an HIV test or the results are pending. This prevents any attempt to change a status code to "enlisted and shipped" or "shipped."
- (2) Use 5B (Qualifying Code) exclusively for reporting negative ELISA results.
- (3) Use 5C (Qualifying Code) exclusively for reporting negative Western Blot results after positive ELISA results and for reversals.
- (4) Use 5D (Disqualification Code) exclusively for reporting positive Western Blot results.
- (5) Use 5Z (Flagging Code) when the HIV test is not conducted. Use of this code is limited to "other Federal Agency Nonapplicants" such as the Central Intelligence Agency, Peace Corps, etc. Use "5Z" with "B040" for

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persons reentering the Service with a valid non-MEPS medical examination if it cannot be determined from the medical documents whether or not an HIV test was conducted, and in cases where there is not sufficient time to draw blood and receive results prior to shipping.

b. Operators must manually enter the appropriate test code. Operators must also manually replace "5Z" with "5A" when persons who did not have an HIV test return to the MEPS and receive a test.

c. Each specimen number must be an eight digit numeric entry. The first and second positions of the HIV field are the MEPS identification. For example, "01" for Albany, "54" for Chicago, "37" for Amarillo, etc. The third through eighth positions are the next six numbers listed on the blue label. For applicants with "5Z," use eight zeros.

#### **6-13. Refusal of the HIV test**

When an applicant refuses the HIV test, accomplish the following:

a. Annotate the SF 88.

(1) Enter "5A" in item 50 in the block marked "first test."

(2) Enter WRK "2" in item 72, status code "L" and current date.

b. Update MEPRS.

(1) Enter WRK "B020" with status code "L."

(2) Enter "0" under "P" in PULHES. Enter "5A" in HIV results field. Zero fill specimen number (SPEC-NBR) and leave notification (NTF) blank.

#### **6-14. Coding HIV test results**

Accomplish the following when test results return:

a. Negative ELISA

(1) Code the SF 88.

(a) Enter "5B" in item 50.

(b) Code item 72 with WRK "5," status code of the last medical entry, and current date.

(2) Update MEPRS by submitting "B050," use status of last medical entry, and change HIV result code to "5B."

(3) Distribute medical documents as required.

b. Positive ELISA test.

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(1) Hold documents in the medical section for final Western Blot results.

(2) "5A" will remain in MEPRS until receipt of final Western Blot results.

c. Negative Western Blot

(1) Code the SF 88.

(a) Enter "5C" in item 50.

(b) Code item 72 with WRK "5," status code of last medical entry, and current date.

(2) Update MEPRS with "B050" and status of last medical entry.

(3) Distribute medical documents as required.

d. Positive Western Blot:

(1) Code the SF 88.

(a) Enter "5D" in item 50.

(b) Code item 72 with WRK "5," status code "R," and current date.

(2) Update MEPRS with "B050R," enter "5D" in HIV results field, and enter current date.

(3) Enter "3P" under the "P" in the PULHES.

(4) Give all medical documents and copies of the USMEPCOM Form 714 ADP to the operations officer or NCO.

e. Persons who test Western Blot positive and consent to a second test are medically disqualified pending results of the second test.

f. Persons not requiring an HIV test:

(1) Code the SF 88.

(a) Enter "5Z" in item 50.

(b) Code item 72 with WRK "1," "2," or "4" to show type medical examination administered, status of exam result, and current date.

(2) Update MEPRS with "A010," "B010," "E010," etc., with status of exam result and enter "5Z" in HIV results field.

**6-15. Coding HIV retest results**

Follow the same procedures required for first tests. Use the second HIV test area on the medical screen to update MEPRS.

**6-16. System 80 and host computer edits**

System 80 and host computer will automatically perform the following edits:

- a. Initial results must be coded "5A," "5B," "5C," "5D," or "5Z."
- b. Retest results must be coded "5C" or "5D."
- c. Initial specimen number must be a maximum of eight numeric characters. Copy the numbers directly from the specimen label.
- d. Retest specimen numbers will be eight numeric characters. Positions one and two show MEPS identification number, positions three and four show HIV retest for that day, and positions five through eight show last digit of the year and the Julian date of the retest.
- e. Initial result notification must be as follows:
  - (1) If results are "5D," notification must be "M," "P," or "U."
  - (2) If results are "5Z," notification must be "N" or blank.
- f. Retest results notification must be "M," "P," "U," or blank, unless the results field is blank.

**6-17. Related error codes**

- a. M05 - HIV results code must be "5A," "5B," "5C," "5D," or "5Z."
- b. M06 - HIV results code is "5D," the first position of PULHES must be "3" and MEPRS WRK status code "R."
- c. M13 - HIV retest results field must be "5C," "5D," or blank.
- d. M14 - For HIV result code "5Z," leave initial specimen number blank.
- e. M15 - For HIV retest result code other than "5Z," specimen number is eight numeric characters. First and second positions must be MEPS ID.
- f. M16 - For initial HIV results other than "5Z," retest results notification must be "M," "N," "P," "U," or blank. If initial results field is "5D," notification code cannot be "N."
- g. M17 - If the HIV retest results field is not spaces, retest results notification field must be "N," "M," "P," "R," or "U." If retest results field is "5D," retest results notification cannot be "N."

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h. F26 - If processing code is "1" (accession) or "4" (non-MEPS accession), with status code "B" or "C," results cannot be "5A" or "5D."

i. F27 - If DEP-in transaction is B002A, HIV result cannot be "5D."

j. If results codes are "5A," "5B," "5C," or "5D," the last six positions of the specimen number cannot be blank or zeros.



**Chapter 7**  
**Legal Guidance****7-1. Supremacy Clause**

The United States Constitution limits the power of the States to enact legislation by declaring Federal statutes and treaties the law of the land. When Congress enacts legislation within its Constitutional powers, that legislation overrides any conflicting State legislation. Testing at the MEPS is conducted in accordance with Federal statutes providing for the enlistment of qualified applicants. State laws which conflict or interfere with the achievement of this Federal objective might address such matters as confidentiality requirements, limits on release of results to treating physicians, rigid consent requirements, etc. Report any interference with MEPS processing by a State seeking to enforce statutory or regulatory requirements to the Command Judge Advocate. Be prepared to forward copies of the appropriate State statute or regulation to HQ USMEPCOM (MEPCJA).

**7-2. Releasing results**

a. The Secretary of Defense has expressed concern for the protection of HIV and DAT information and preservation of the individual's right to privacy. Release authority for individual test results is the Commander, USMEPCOM. The Command Judge Advocate will review all such requests.

b. Do not release HIV or DAT results to other military organizations except as provided in this regulation. Refer requests for statistics, including number of tests administered, positive result rates, etc., as opposed to release of individual results, to HQ USMEPCOM (MEPCPAO).

**7-3. Releasing HIV results to the States**

Some States may ask USMEPCOM to release positive HIV results. Forward these requests to HQ USMEPCOM (MEPCJA) with an information copy to sector. Do not release HIV results until specifically authorized by the Command Judge Advocate. If authorized to release HIV results, use only USMEPCOM Form 40-8-8, shown at figure 5-19. Do not use State supplied forms.

**7-4. Legal inquiries**

Refer all inquiries from attorneys and Department of Health officials representing States and political activities to the Command Judge Advocate. Handle inquiries from attorneys representing applicants or their parents or guardians in the same manner.

## **Chapter 8**

### **Public Affairs Guidance**

#### **8-1. News media**

The MEPS may become targets of interest by the media or special interest groups concerned with HIV and DAT. Contact MEPCPAO for guidance. Contact the HQ USMEPCOM Duty Officer for guidance after normal duty hours.

#### **8-2. Questions about DAT and HIV**

Follow these guidelines when questioned about DAT and HIV:

- a. Refer all requests for statistics (number of tests administered, positive result rates, etc.) to MEPCPAO.
- b. Do not discuss numbers with the news media or persons outside the work environment unless authorized by HQ USMEPCOM (MEPCPAO). Use the response, "The Department of Defense will release all statistics for DAT or HIV testing."
- c. Commanders may allow the following with the consent of the Commander, USMEPCOM, and MEPCPAO coordination:
  - (1) Access to areas other than the medical section by media.
  - (2) Commander's appearance on camera to discuss reasons for DAT and HIV antibody testing.
  - (3) Photography or videotaping of a simulated blood draw with the participant's written consent. Applicants will not be used for such simulation. Take care to ensure the participant will not be identified in filming/taping. Taping or filming in the female medical section is strictly prohibited. Adhere to all standard rules concerning media visits.
- d. Do not allow the following:
  - (1) News media access to the medical section without prior coordination with MEPCPAO.
  - (2) Any MEPS member, other than the commander, to be filmed or interviewed as a DOD representative without prior coordination with MEPCPAO.
  - (3) Speculation on any portion of DAT or HIV programs.

#### **8-3. After action report**

Commanders will submit after action reports for every contact with the news media. Reports will show caller's name, media affiliation, data requested, and action taken.

**Chapter 9**  
**Logistics/Contracting Guidance**

**Section I**  
**Drug and Alcohol Testing**

**9-1. Supplies**

The MEPS are responsible for acquiring and maintaining sufficient stocks of the following items to sustain the DAT program:

- a. Cup, specimen, 2-inch top (National Stock Number (NSN) 6530-01-048-0855).
- b. Bottle, urine specimen shipping, 3 ounce (NSN 6640-00-165-5778).
- c. Tamper evident acetate labels.
- d. Plastic bags (NSN 8105-00-401-2010).
- e. Tie metal, plastic bag (NSN 8135-00-846-8409).
- f. Tape, nylon, 1-inch (NSN 7510-00-582-4772).
- g. Batteries, 9-volt alkaline (NSN 6135-00-900-2139).
- h. Mouth pieces, breath analyzer.
- i. Refill cylinder for breath alcohol standard (required for calibration of breath analyzers).
- j. Rubber stamp, test results (2).
- k. Envelope, packing list (NSN 8105-00-857-2247) or ziplock bag.

**9-2. Equipment**

The MEPS will acquire and maintain authorized quantities of the following:

- a. Breath analyzer.
- b. Cylinder, breath alcohol standard (98 percent Argon), 7-cubic feet, required for calibration of breath alcohol analyzers. Source for replacement cylinders on exchange basis is Intoximeters, Inc. Initiate replenishment action when there is no less than 400 pounds per square inch of pressure remaining in the on-hand cylinder. Complete requisitions for replacement cylinders according to USMEPCOM Reg 700-3, chapter 4.
- c. Process requests for increase/decrease of authorized allowances of breath alcohol analyzers in accordance with USMEPCOM Reg 700-3, chapter 4.

d. Stock mouthpieces for the breath alcohol analyzer in accordance with USMEPCOM Reg 700-3, paragraph 2-3.

e. Stock battery, 9-volt alkaline, for the breath alcohol analyzer in accordance with USMEPCOM Reg 700-3, paragraph 2-2.

### **9-3. Maintenance and repair**

Maintain and repair breath alcohol analyzers in accordance with USMEPCOM Reg 750-1, paragraph 12.

### **9-4. Courier service**

Courier service for urine specimen shipment from the MEPS to the testing laboratory is established by MEPCRM-CP, through a Blanket Purchase Agreement with one of the overnight courier services. The MEPS will be advised each time there is a change in courier service.

a. Under the term of the contract, the courier is required to submit invoices to HQ USMEPCOM, ATTN: MEPCRM-L. To reconcile and process these invoices for payment, a legible copy of each courier airbill must be forwarded by each MEPS to HQ USMEPCOM, ATTN: MEPCRM-L, every week. The cut-off date for the airbills is the last working day of each week. Forward copies of airbills, including a copy of the airbill used to ship airbills to HQ USMEPCOM, to MEPCRM-L not later than 2 working days after the cutoff date for the workweek.

b. To ensure prompt delivery of airbills, MEPS should use the same courier service to forward copies of airbills to MEPCRM-L. Failure to furnish copies of airbills in a timely manner will delay the invoice payment process and. can result in temporary suspension of courier service for that particular MEPS. Immediately forward any misrouted or missent courier service invoices received at the MEPS to MEPCRM-L.

## **Section II**

### **HIV Testing**

### **9-5. Supplies**

a. The MEPS will provide the following:

- (1) Hypodermic needles.
- (2) Blood collecting tube holders.
- (3) Centrifuge, table top.

b. The contractor will furnish the following to each MEPS:

(1) One facsimile transmitter, including dedicated telephone line, maintenance, and related expendable supplies.

- (2) 5cc snap top or screw top shipping tubes.
- (3) 7cc serum separator test tubes.
- (4) Screening records.
- (5) Blue and white gummed medical specimen number identification labels.
- (6) Polyethylene bags.
- (7) Tamper-proof serial numbered seals.
- (8) Filament tape.
- (9) Absorbent paper.
- (10) Colored sector identification stickers.
- (11) Colored etiologic stickers.

#### **9-6. Equipment**

a. The dedicated telephone line connected to the contractor-provided facsimile machine is the responsibility of the contracting laboratory. The contracting laboratory will pay the monthly bill for that telephone line.

b. Any MEPS renovation or move requiring relocation of the dedicated telephone line must be addressed to MEPCRM-L at least 90 days prior to the projected move. The request for relocation of the dedicated telephone line must include the new address for the MEPS, projected move date, and point of contact with telephone number.

#### **9-7. Reports**

To verify contractor's invoices for payment, MEPS will submit monthly reports indicating the number of specimens received by the contractor from the MEPS during the month. Use the USMEPCOM message network for reporting purposes. (RCS Exempt: AR 335-15, paragraph 5-2b(2).) Maintain a copy of each report with screening records supporting that particular report. Transmit the message report to HQ USMEPCOM, ATTN: MEPCRM-L, by the 7th calendar day of the month following the report period. If the 7th calendar day falls on a weekend or holiday, submit reports by the preceding Friday. To ensure the MEPS report cutoff date coincides with the contractor's report, use the date that specimens are received at the contractor's laboratory to determine the reporting month. This date is shown in the bottom box on the left side of the screening record. The message subject line must show the month the report covers. Include the following information in the message report:

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- a. MEPS: Name of MEPS reporting.
- b. Number of specimens: Number of specimens received by contractor during the reporting period.
- c. Point of contact: Name and telephone number of MEPS point of contact.

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## **Chapter 10**

### **Training Requirements**

#### **10-1. Training the BAT examiner**

Commanders will designate at least one person to train other examiners. Ensure the number of persons qualified is adequate to maintain operations.

#### **10-2. Trainer and examiner requirements**

Trainers must demonstrate proficiency with the analyzer and an ability to train others. Examiners must successfully complete the tasks shown at appendix B before being certified.

(MEPCOPT-O-E)

FOR THE COMMANDER:

OFFICIAL:

WILLIAM E. KAIL  
Colonel, GS  
Chief of Staff

/signed/  
H. E. WILCOX, JR.  
Colonel, GS  
Director, Personnel  
and Administration

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CDR, USAREC, ATTN: USARCRO-PP, Fort Sheridan, IL 60037-6000  
CDR, Navy Rctg Comd, ATTN: 215, 4015 Wilson Blvd, Arlington, VA 22303-1991  
CDR, Naval Reserve Force, ATTN: 932, 4400 Dauphine Street, New Orleans, LA 70146  
Staff Chaplain, HQ FORSCOM FCCH, Fort McPherson, GA 30330-6000

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## **Appendix A References**

### **Section I Required Publications**

#### **USMEPCOM Reg 40-1**

Medical Processing and Examination Policies - Military Entrance Processing Stations. Cited in chapters 3, 4, and 5.

#### **USMEPCOM Reg 190-1**

Serious Incident and Significant Activity Reporting. Cited in chapters 1, 4, and 5.

#### **USMEPCOM Reg 601-23**

Enlistment Documents. Cited in chapters 3, 4 and 5.

#### **USMEPCOM Reg 680-1**

Military Entrance Processing Reporting System. Cited in chapters 1, 3, 4, 5, and 6.

#### **USMEPCOM Reg 700-3**

Material Management and Supply Operations. Cited in paragraph 9-2b through 9-2e.

#### **USMEPCOM Reg 750-1**

Maintenance of Equipment. Cited in paragraph 9-3.

**Alco-Sensor III Procedures Manual.** Cited in chapter 3 and appendix B.

### **Section II Related Publications**

#### **Air Force Regulation 160-23**

Drug Abuse Testing Program

#### **AR 600-85**

Alcohol and Drug Abuse Prevention and Control Program

#### **DOD Instruction 1010.1 with Change 1**

Drug Abuse Testing Program

#### **Marine Corps Order P5300.12**

The Marine Corps Substance Abuse Program

#### **OPNAVINST 5350.4A**

Alcohol and Drug Abuse Prevention and Control



**Section III**  
**Required Forms**

**DA Form 200**

Transmittal Record. Cited in chapter 5.

**DA Form 1811**

Physical Data and Aptitude Test Scores Upon Release from Active Duty. Cited in chapter 2.

**DA Form 2028**

Recommended Changes to Publications and Blank Forms. Cited in "suggested improvements" paragraph.

**\*SF 88 (USMEPCOM Overprint)**

Report of Medical Examination. Cited in chapters 2, 3, 4, 5, and 8.

**\*SF 93 (USMEPCOM Overprint)**

Report of Medical History. Cited in chapters 2, 3, 4, 5, and 8.

**Postal Service Form 3811**

Return Receipt Requested. Cited in chapter 3.

**USMEPCOM Form 601-23**

Records Flag. Cited in paragraph 6-11a(3).

**USMEPCOM Form 727**

Cited in chapters 3, 4, and 5.

**Section IV**  
**Prescribed Forms**

**USMEPCOM Form 40-8**

Drug and Alcohol Testing Acknowledgment. Cited in chapter 2.

**USMEPCOM Form 40-8-1**

HIV Antibody Testing Acknowledgment. Cited in chapters 2 and 5.

**USMEPCOM Form 40-8-2-R**

Breath Alcohol Analyzer Calibration Record. Cited in chapters 3 and appendix B.

**USMEPCOM Form 40-8-3**

Urine Sample Custody Document. Cited throughout chapter 4.

**USMEPCOM Form 40-8-4-R**

Drug Testing Control Log. Cited throughout chapter 4.

\*These forms are requisitioned by HQ USMEPCOM for the MEPS.

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**USMEPCOM Form 40-8-5-R**

Statement of Correction. Cited throughout chapter 4.

**USMEPCOM Form 40-8-6-R**

HIV Control Log. Cited throughout chapter 5.

**USMEPCOM Form-40-8-7-R**

Facts About HIV. Cited throughout chapter 5.

**USMEPCOM Form 40-8-8-R**

HIV Antibody Positivity Report. Cited in chapter 5.

**Appendix B**

**Tasks, Conditions, and Standards for Breath Alcohol Analyzer Training**

**Task:** Check calibration of breath alcohol analyzer

**Condition:** Given one breath alcohol analyzer, one NALCO argon gas calibration cylinder with pressure activated valve, one mouth piece, and breath alcohol analyzer operator's manual.

**Standard:** Perform the following steps in sequence within 5 minutes.

1. Check battery condition. Press the READ button. If the digital display shows "8.888" or blank, replace the 9-volt alkaline battery.
2. Check the temperature window of the analyzer for a temperature of 20 to 36 degrees centigrade. Place the system near a heating or cooling source to bring it within these limits.
3. Zero breath analyzer by first pressing the SET button and wait 20 seconds. Press the READ button. The digital display should indicate ".000" for a period of 7 to 10 seconds. If not, repeat this step 1 minute later.
4. Make air tight connection between the NALCO cylinder pressure activated valve tube and short end of mouthpiece.
5. Open valve on top of NALCO cylinder by turning counter-clockwise.
6. Check gauges on regulator for proper levels. Pressure must be above 150 pounds per square inch.
7. Determine correct calibration value for MEPS location altitude by using Altitude Correction Factor Chart provided with NALCO cylinder.
8. Bleed regulator and clear valve tube by depressing NALCO valve button for 5 to 7 seconds.
9. Attach mouthpiece to breath analyzer.
10. Press SET button for 3 seconds.
11. Depress NALCO valve for 5 seconds, permitting the Argon Standard to flow through the mouthpiece. After 3 to 4 seconds, press and hold READ button to take sample reading, then release the valve button and disconnect mouthpiece from breath analyzer.
12. Continue to press and hold READ button for 15 to 40 seconds and record maximum reading. If it does not correspond to the expected value (plus or minus .010 of corrected value indicated on NALCO cylinder), the unit must be calibrated.

13. Close valve on top of NALCO cylinder when finished by turning top knob clockwise.

**Task:** Calibrate the breath alcohol analyzer

**Condition:** Given one breath alcohol analyzer within 20 to 36 degrees centigrade that is properly zeroed but requires calibration, one small calibration screwdriver, one NALCO argon gas calibration cylinder with pressure activated valve, one mouth piece, and a breath alcohol analyzer operator's manual.

**Standard:** Perform the following steps within 3 minutes.

14. Steps 1 and 2 have been successfully accomplished.

15. Zero breath analyzer by pressing the SET button and wait 20 seconds. Press the READ button. The digital display should indicate ".000" for a period of 7 to 10 seconds. If not, repeat this step 1 minute later.

16. Insert small screwdriver into calibration port in side of breath analyzer and turn the screw clockwise two full turns.

17. Make air tight connection between the NALCO cylinder pressure activated valve tube and the short end of the mouthpiece.

18. Open valve on top of NALCO cylinder by turning top knob counter-clockwise.

19. Check gauges on regulator for proper levels. Pressure must be above 150 pounds per square inch:

20. Use the Altitude Correction Factor Chart provided with the NALCO cylinder to determine correct calibration value for MEPS location altitude.

21. Bleed regulator and clear valve tube by depressing NALCO valve button for 5 to 7 seconds.

22. Attach mouthpiece to breath analyzer.

23. Press SET button for 3 seconds.

24. Depress NALCO valve for 5 seconds, let the Argon standard flow through the mouthpiece. After 3 to 4 seconds, press and hold READ button to take sample reading. Release the NALCO valve button and disconnect mouthpiece from breath analyzer.

25. Continue to press and hold READ button for 15 to 40 seconds. Record maximum reading. If it does not correspond to the value shown on the cylinder, place the screwdriver in the calibration port and slowly rotate

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the screw counterclockwise until the reading adjusts to the correct level. Do not turn the screw clockwise during this procedure.

26. Close valve on top of NALCO cylinder when finished by turning top knob clockwise.

**Task:** Administer the BAT

**Condition:** Given one properly calibrated and zeroed breath alcohol analyzer within 20 to 36 degrees centigrade, one mouth piece, a breath alcohol analyzer operator's manual, and one person who has not smoked or consumed any substance for 15 minutes.

**Standard:** Perform the following steps within 3 minutes.

27. Check temperature window on back of analyzer for temperature between 20 and 36 degrees centigrade. Place analyzer near heating or cooling source to bring it within these limits.

28. Zero breath analyzer by pressing the SET button and waiting 20 seconds. Press the READ button. The digital display should indicate ".000" for a period of 7 to 10 seconds. If not, repeat 1 minute later.

29. Attach mouthpiece to breath analyzer.

30. Press SET button for 3 seconds.

31. Instruct applicant to take a deep breath, hold it, then blow steadily into the mouthpiece for as long as possible.

32. Three seconds after the applicant starts blowing, press and hold READ button to take sample reading, then remove mouthpiece from applicant's mouth. Continue to press and hold READ button for 15 to 40 seconds.

33. Record maximum reading in item 50 of the SF 88.

34. Discard the mouthpiece.

35. Press SET button for 3 seconds.

36. Proceed with next applicant.

**Task:** Identify conditions that preclude conducting or completing the BAT.

**Conditions:** Without references and given the following directions, "Within 1 minute, list all conditions or actions that would cause BAT not to be given or completed."

**Standard:** Within 1 minute, all the following should be given:

37. Test is not required.

38. Applicant smoked or consumed a substance within 15 minutes prior to the test.

39. Applicant is excited or hyperventilated.

40. Applicant stops blowing before an adequate sample is obtained.

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**Appendix C**  
**Internal Control Review Checklist**

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TASK: Health Care (Medical Services).

SUBTASK: Preaccession Drug and Alcohol Testing

THIS CHECKLIST: Drug and Alcohol Testing

ORGANIZATION:

ACTION OFFICER:

REVIEWER:

DATE COMPLETED:

ASSESSABLE UNIT: The specific managers responsible for using this check-list will be designated by the staff functional principal. The responsible principal and the mandatory schedule for using the checklist will be shown in the annually updated Management Control Plan.

---

**EVENT CYCLE 1: DAT**

**Step 1:** Regulatory guidance and responsibilities. USMEPCOM Reg 40-8, Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Programs

**Risk:** The absence of proper guidance and command awareness of responsibilities could lead to compromise of test, incorrect notification, or improper reporting procedures.

**Control Objective:** Proper guidance is available to all involved in testing program.

**Control Technique:** Ensure USMEPCOM Reg 40-8 is available in the Military Entrance Processing Station (MEPS) and all concerned are aware of their responsibilities.

**Test Questions:**

A. Is USMEPCOM Reg 40-8 on hand in the MEPS?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

**Internal Control Review Checklist**

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b. Is the MEPS commander aware of the responsibility for ensuring proper alcohol testing, urine specimen collection, applicant notification, and results reporting procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

c. Is the MEPS commander aware of the responsibility to establish and monitor safeguards for the protection of the MEPS testing program?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 2:** Alcohol tests are properly conducted.

**Risk:** If tests are not properly conducted, unauthorized tests could be taken or required tests could be missed. An applicant could be notified of another applicant's results.

**Control Objective:** Only authorized personnel conduct tests.

**Control Technique:** Tests are conducted properly.

**Test Questions:**

Are medical technicians fully aware of testing procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 3:** Drug tests are properly conducted.

**Risk:** If tests are not properly conducted, samples could be switched or lost. An applicant could be notified of another applicant's results.



**Internal Control Review Checklist**

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**Control Objective:** Only authorized personnel conduct tests or have access to specimens.

**Control Technique:** Tests are conducted properly and kept secure until courier pickup.

**Test Questions:**

a. Are medical technicians fully aware of testing procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

b. Are specimens kept secure? If left unattended, are specimens secured in a locked cabinet?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 4:** Notification procedures are complete and correct

**Risk:** If not properly notified, the applicant might misunderstand the seriousness of positive results or the applicant's right to privacy might be violated.

**Control Objective:** Only chief medical officers or acting chief medical officers conduct notification interviews or send notification letters.

**Control Technique:** Notification interviews are properly conducted with dignity and in privacy.

**Test Questions:**

a. Are chief medical officers and acting chief medical officers fully aware of personal notification procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Internal Control Review Checklist**

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**Remarks:**

b. Are chief medical officers and acting chief medical officers fully aware of mail notification procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

c. Are chief medical officers or acting chief medical officers providing applicants with current lists of local treatment facilities during personal or mail notification?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 5:** Results are promptly and correctly reported.

**Risk:** If results are not properly and promptly reported, applicants could be allowed to ship to basic training or to a unit.

**Control Objective:** Only authorized personnel report or record results on medical documents or enter results into the Military Entrance Processing Reporting System (MEPRS).

**Control Techniques:** Medical noncommissioned officers in charge will review all results after posting to ensure accuracy. Only authorized persons will enter results.

**Test Questions:**

a. Are results reviewed every day to ensure all are posted correctly?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

Explain rationale for NO responses and cross-reference to where documentation and corrective action plans can be found.

---

I attest that the above-listed internal controls provide reasonable assurance that Army resources are adequately safeguarded. I am satisfied that if the above controls are fully operational, the internal controls for this subtask throughout USMEPCOM are adequate.

Director, Operations, Plans, and Training  
FUNCTIONAL PROPONENT

I have reviewed this subtask within my organization and have supplemented the prescribed internal control review checklist when warranted by unique environmental circumstances. The controls prescribed in this checklist, as amended, are in place and operational for my organization (except for the weaknesses described in the attached plan, which includes schedules for correcting the weaknesses).

---

OPERATING MANAGER (Signature)

16 July 1991

USMEPCOM Reg 40-8

**Appendix D**  
**Internal Control Review Checklist**

**page 1 of 5**

TASK: Health Care (Medical Services).

SUBTASK: Human Immunodeficiency Virus Testing.

THIS CHECKLIST: Human Immunodeficiency Virus Testing. ORGANIZATION:

ACTION OFFICER:

REVIEWER:

DATE COMPLETED:

ASSESSABLE UNIT: The specific managers responsible for using this checklist will be designated by the staff functional principal. The responsible principal and the mandatory schedule for using the checklist will be shown in the annually updated Management Control Plan.

---

**EVENT CYCLE 1: HIV Testing**

**Step 1:** Regulatory guidance and responsibilities. USMEPCOM Regulation 40-8, Human Immunodeficiency Virus (HIV) and Department of Defense (DOD) Preaccession Drug and Alcohol Testing (DAT) Programs

**Risk:** The absence of proper guidance and command awareness of responsibilities could lead to compromise of tests, incorrect notification, or improper reporting procedures.

**Control Objective:** Proper guidance is available to all involved in testing program.

**Control Technique:** Ensure USMEPCOM Reg 40-8 is available in the Military Entrance Processing Stations (MEPS) and all concerned are aware of their responsibilities.

**Test Questions:**

a. Is USMEPCOM Reg 40-8 on hand in the MEPS?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

**Internal Control Review Checklist**

**page 2 of 5**

b. Is the MEPS commander aware of the responsibility for ensuring proper blood drawing, applicant notification, and results reporting procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

c. Is the MEPS commander aware of the responsibility to establish and monitor safeguards for the protection of the MEPS testing program?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 2:** Tests are properly conducted.

**Risk:** If tests are not properly conducted, samples could be switched or lost. An applicant could be notified of another applicant's results.

**Control Objective:** Only authorized personnel conduct tests or have access to specimens.

**Control Technique:** Tests are conducted properly and kept secure until courier pickup.

**Test Questions:**

a. Are medical technicians fully aware of testing procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

b. Are specimens kept secure? If left unattended, are specimens secured in a locked cabinet or refrigerator?

**Internal Control Review Checklist**

**page 3 of 5**

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 3:** Notification procedures are complete and correct

**Risk:** If not properly notified, the applicant might misunderstand the seriousness of positive results or the applicant's right to privacy might be violated.

**Control Objective:** Only chief medical officers or acting chief medical officers conduct notification interviews or send notification letters.

**Control Technique:** Notification interviews are properly conducted with dignity and in privacy.

**Test Questions:**

a. Are chief medical officers and acting chief medical officers fully aware of personal notification procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

b. Are chief medical officers and acting chief medical officers fully aware of mail notification procedures?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

c. Are chief medical officers and acting chief medical officers fully aware of notification procedures when the applicant is a minor?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

d. Are chief medical officers or acting chief medical officers providing applicants with current lists of local health care facilities during notification?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

---

**Step 4:** Results are promptly and correctly reported.

**Risk:** If results are not properly and promptly reported, applicants could be allowed to ship to basic training or to 'a unit.

**Control Objective:** Only authorized personnel report or record results on medical documents or enter results into the Military Entrance Processing Reporting System (MEPRS).

**Control Techniques:** An assigned verifier will review all results after posting to ensure accuracy. Only authorized persons will enter results into MEPRS.

**Test Questions:**

Are verifiers reviewing all results every day to ensure that all are posted correctly?

**Response:** YES \_\_\_\_\_ NO \_\_\_\_\_

**Remarks:**

16 July 1991

USMEPCOM Reg 40-8

**page 5 of 5**

---

Explain rationale for NO responses and cross-reference to where documentation and corrective action plans can be found.

---

I attest that the above-listed internal controls provide reasonable assurance that Army resources are adequately safeguarded. I am satisfied that if the above controls are fully operational, the internal controls for this subtask throughout USMEPCOM are adequate.

Director, Operations, Plans, and Training \_\_\_\_\_  
FUNCTIONAL PROPONENT

I have reviewed this subtask within my organization and have supplemented the prescribed internal control review checklist when warranted by unique environmental circumstances. The controls prescribed in this checklist, as amended, are in place and operational for my organization (except for the weaknesses described in the attached plan, which includes schedules for correcting the weaknesses).

---

OPERATING MANAGER (Signature)



## **Glossary**

### **Section I Abbreviations**

**AGR**

Active Guard Reserve

**AIDS**

Acquired Immune Deficiency Syndrome

**AR**

Army Regulation

**ASVAB**

Armed Services Vocational  
Aptitude Battery

**ATC**

Air Training Command

**BAT**

Breath Alcohol Test

**CMO**

Chief Medical Officer

**DA**

Department of the Army

**DAT**

drug and alcohol testing

**DEP**

Delayed Entry/Entrance Program

**DOD**

Department of Defense

**DTCL**

Drug Testing Control Log

**ELISA**

Enzyme-Linked Immunosorbent Assay

**FAX**

Facsimile

**HIV**

Human Immunodeficiency Virus

**HQ FORSCOM**

Headquarters, Forces Command

**HQ USMEPCOM**

Headquarters, United States Military  
Entrance Processing Command

**ID**

identification

**IRR**

Individual Ready Reserve

**MEPS**

Military Entrance Processing Station

**MEPRS**

Military Entrance Processing  
Reporting System

**NSN**

national stock number

**NCO**

noncommissioned Officer in Charge

**PAMDAHO**

P-Personal data  
A-Aptitude data  
M-Medical data  
D-DEP data  
A-Accession data  
H-Hold ELISA  
O-Overall status

**PCN**

product control number

**PULHES**

Physical Profile Categories

**ROTC**

Reserve Officer Training Corps

**RPM**

revolutions per minute

**RSLT**

Result

**SF**

Standard Form

**SIR**

Serious Incident Report

**SITREPS**

situation reports

**TAMC**

Tripler Army Medical Center

**THC**

Tetrahydrocannabinol

**USCD**

Urine Sample Custody Document

**USMEPCOM**

United States Military Entrance Processing Command

**WRK**

work identification code

**WRAIR**

Walter Reed Army Institute for Research

## **Section II**

### **Terms**

#### **Acquired Immune Deficiency Syndrome (AIDS)**

Illness in which the body's ability to defend itself against certain diseases or conditions is impaired.

#### **alcohol**

Any intoxicating liquid containing alcohol

#### **alcohol abuse**

Irresponsible use of an alcoholic beverage which leads to misconduct, unacceptable social behavior or impairment of a person's performance of duty, physical or mental health, financial irresponsibility, or personal relationships.

#### **antibody**

Various body globulins present or produced in response to infections that combine with antigens and neutralize toxins, bacteria or cells, and precipitate soluble antigens.

#### **blind samples**

Serum specimens of known character provided by the Government to the testing laboratory for quality control purposes.

#### **cocaine**

A narcotic obtained from coca leaves.

#### **coordinator**

Person appointed in writing to conduct BAT or DAT.

#### **drug**

Any substance which, when inhaled, injected, consumed, or introduced into the body in any manner, alters mood or function.

#### **drug abuse**

Illegal, wrongful, or improper use of any narcotic substance or its derivative; cannabis or its derivative; other controlled substances or dangerous drugs. This includes the improper use of prescribed drugs.

#### **Enzyme-Linked Immunosorbent Assay (ELISA)**

Test approved by the Food and Drug Administration to detect HIV antibodies.

#### **Human Immunodeficiency Virus (HIV)**

The virus which causes AIDS.

#### **marijuana**

Intoxicating products of the hemp plant, cannabis (including hashish).

**observer**

Person tasked in writing to physically escort applicants and observe urine collection.

**serum**

The clear liquid in blood which separates in the clotting of blood from the clot and the corpuscles.

**tetrahydrocannabinol**

Active agent in marijuana or hashish.

**Western Blot**

Confirmatory test to assess the significance of a positive ELISA screen.

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[illegible]

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 Date of Action:

**DRUG TESTING CONTROL LOG**  
 (For use of this form see USNEPCOM Reg 40-8)

FOR OFFICIAL USE ONLY

NO.	SPECIMEN ID NUMBER	SSN	SIGNATURE OF APPLICANT	SIGNATURE OF OBSERVER
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				

Signature of the applicant indicates the Specimen ID Number on this log has been verified by the applicant as the same as the Specimen ID Number on both the Urine Sample Custody Document and the urine specimen container; and the SSN is the number provided by the applicant to the MEPS. Signature of the Observer indicates that, to the best of his/her knowledge, the urine specimen was donated by the applicant, provided directly to the Drug Testing Coordinator, and was neither contaminated nor altered in any way.

**URINE SAMPLE CUSTODY DOCUMENT  
STATEMENT OF CORRECTION**

(For use of this form, see USMEPCOM Reg 40-8)

FROM:

TO: HQ USMEPCOM

ATTN: MEPCOPT-O-E

PHONE:

AN ADMINISTRATIVE ERROR WAS DISCOVERED ON THE FOLLOWING URINE SAMPLE CUSTODY DOCUMENT.

USCD DATE: \_\_\_\_\_

BEGINNING SSN: \_\_\_\_\_

ENDING SSN: \_\_\_\_\_

(USE ADDITIONAL FORMS FOR EACH ERRONEOUS URINE SAMPLE CUSTODY DOCUMENT)

NATURE OF ERROR:

ACTION TO PRECLUDE RECURRENCE:

SIGNATURE OF DAT COORDINATOR:

SIGNATURE OF DAT REVIEWER:

COMMANDER'S CERTIFICATION: I have talked with all parties involved concerning their duties. The importance of strict controls over all aspects of this program has been stressed. Recurrences will not be tolerated. Additional training has been scheduled.

COMMANDER'S NAME AND SIGNATURE:

DATE:

FOR OFFICIAL USE ONLY

[illegible]

Replaces USMEPCOM Form 40-5-1, 1 Apr 87, which is obsolete

## FACTS ABOUT HIV

(For use of this form, see USMEPCOM Reg 40-8)

### 1. What is HIV?

The term means "Human Immunodeficiency Virus." This name was given to the virus because it infects human white blood cells. The virus causes Acquired Immune Deficiency Syndrome (AIDS).

### 2. Why is a positive HIV antibody test disqualifying for military service?

There are several reasons. All new military people get shots to protect them from diseases they might be exposed to around the world. Some people with HIV have damaged immune systems and develop the diseases they are being vaccinated for. People with HIV cannot donate blood and all military members are potential donors on the battlefield.

### 3. How does a person become infected with HIV?

The virus is present in the blood and other body fluids of an infected person. The virus spreads in different ways: injecting infected blood through a blood transfusion or sharing contaminated drug needles; sexual intercourse with an infected person, either heterosexual (male-female sex) or homosexual (same sex); or from an infected mother to her infant.

### 4. How does the blood test for HIV work?

The test detects antibodies to the virus. Antibodies are blood molecules that attack germs invading the body. When a person is infected, the virus grows in the blood. The immune system responds by making antibodies to kill the virus. In most viral infections, the antibodies are effective. With HIV, they are not successful and the virus continues to grow. A positive test is strong evidence that a person has contracted the virus.

### 5. What does a confirmed positive blood test for HIV antibodies mean?

It means the person was exposed to HIV and developed antibodies. The time from infection until symptoms develop may be several years. Most infected persons are well for years, even with the virus in their blood. It is still not certain which infected persons actually develop AIDS.

### 6. Is there a cure for HIV infection?

Not yet. There is an enormous research effort in the United States and other countries. Several drugs have been found which kill HIV in laboratory tests and have been used in humans with encouraging results. These drugs may have life threatening effects and must be carefully tested.

### 7. What should a person infected with HIV do?

Consult a physician specializing in HIV infections or infectious diseases to see if the immune system has been damaged and watch for complications. While there is no cure for the virus, complications can be managed if they are caught early.

<b>HIV ANTIBODY POSITIVITY REPORT</b> <small>For use of this form, see USMEPCOM Reg 40-8</small>		<b>PRIVACY ACT.</b> The information provided on this form will be safeguarded under the Privacy Act of 1974 (5 USC 552a) as amended. Persons involved in the design, development, operation, maintenance, or control of Privacy Act records are required to protect the privacy of individuals who are subjects of the records.			
<b>IDENTIFICATION DATA</b>					
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SEX	MARITAL STATUS	ETHNIC GROUP
PRESENT ADDRESS (STREET, CITY, COUNTY, STATE, ZIP CODE)					
HOME OF RECORD (STREET, CITY, COUNTY, STATE, ZIP CODE)					
POPULATION GROUP (CIRCLE ONE)    WHITE    BLACK    ASIAN    AM INDIAN    OTHER (SPECIFY)    UNKNOWN					
DATE OF TEST	ELISA RESULT (CIRCLE ONE)	CONFIRMATION RESULT (CIRCLE ONE)	SPECIMEN NUMBER		
_____	NEG    POS	NEG    POS	_____		
_____	NEG    POS	NEG    POS	_____		
_____	NEG    POS	NEG    POS	_____		
TEST LOCATION (HEPS NAME AND ADDRESS)		DO NOT RELEASE THIS FORM TO THE STATE UNLESS AUTHORIZED IN WRITING BY THE COMMAND JUDGE ADVOCATE, USMEPCOM			
ADDITIONAL TECHNICAL INFORMATION, such as Western Blot viral bandings, ELISA absorbance, or other serologic information, is not available from the Military Entrance Processing Station and must be obtained from the Department of Virus Diseases, Communicable Diseases and Immunology Division, Walter Reed Army Institute of Research, Walter Reed Army Medical Center, Washington, DC 20307-5100.					